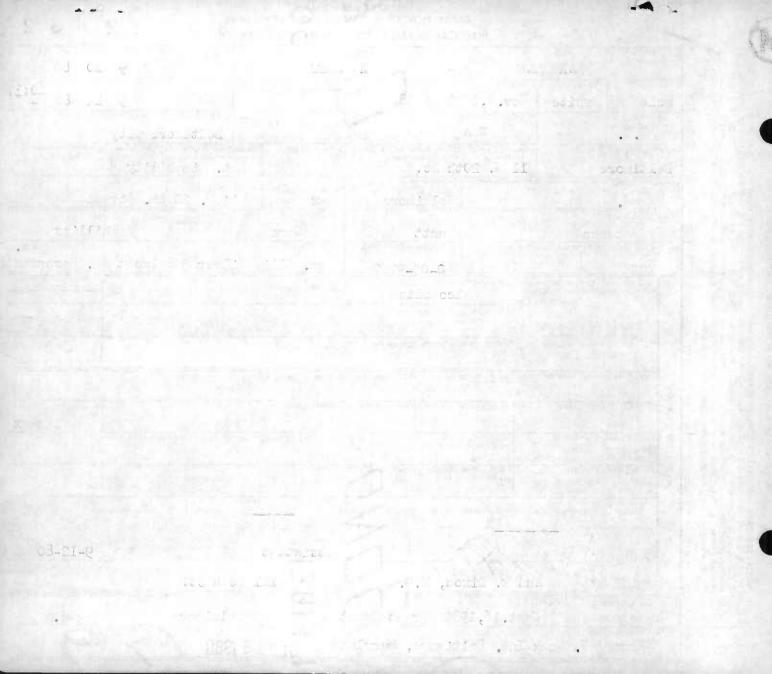
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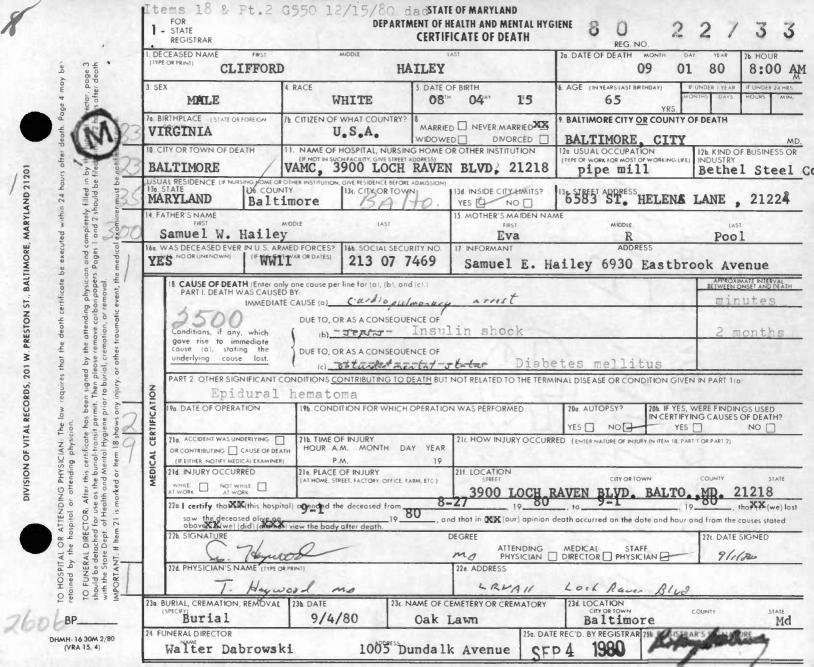
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Va. Oale ES Alla CECT. SV. BALTINORE UNION NEHORIAL HOSPITAL

BLITE O. CETY

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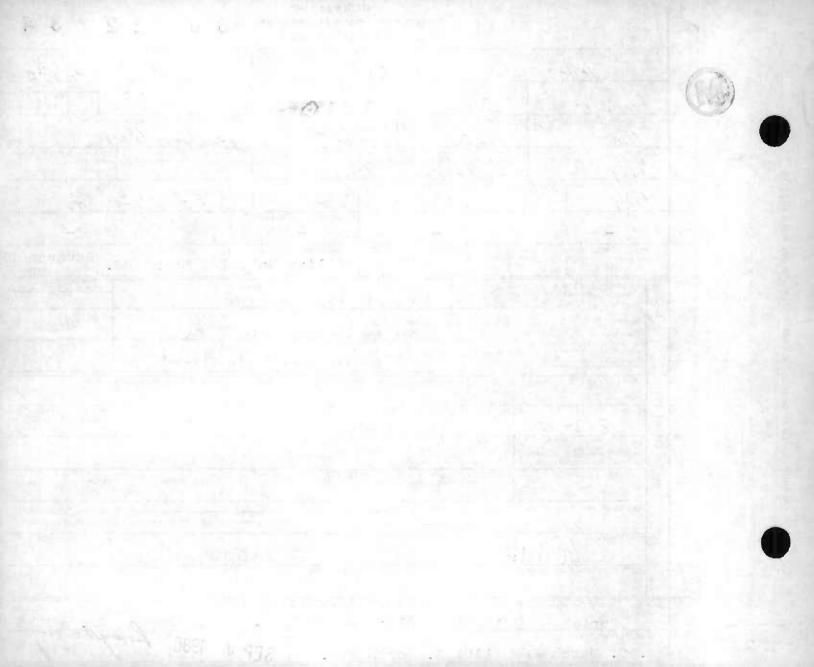
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Walter Dalveveld : 1005 Dundell Avenue CFP 4

Telephone (iii)

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	<u> </u>	INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE OF IN.	TURY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	cou	NTY STATE
		I certify that (1) (this haspi		osed from Alan	Spestel 19	, to		. 19	, that (1) (we) la
	220				- I show in (mus) (aus) animin	a donth accurr	ed on the date on	d hour and fr	om the couses stated
m 21 is marked		saw the deceased alive on above (II (w/) d-tl) (did no	ti view the body ofter s	feath.		-	a on the date on		DATE SIGNED
f them 21 is		saw the deceased alive on obove. (I) (w/) Id-II) (did no SIGNATUR)	It were the body offer a	feath.	DEGREE ATTENDING	MEDICAL	STAFF PHYSICIAN	220	c. DATE SIGNED
f Item 21 is	22b.	obove_(! (wy) d-bl \ (d-d no	We the body offer a	feath.	DEGREE ATTENDING	MEDICAL	STAFF	220	t. DATE SIGNED
MPORTANT: If Item 21 is	22b.	SIGNATUR PHYSICIAN SMAME (THE O	M PRINCY	23c. NAME OF C	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	COUNTY	state



10	1 .	FOR STATE REGISTRAR			DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL I CATE OF DEATH	HYGIENE	8 0 REG. N	2	2 /	3	5
		CEASED NAME	FIRST	MIDDLE		LAS	т	20. DAT	E OF DEATH	MONTH (DAY YEAR	2b HO	UR
			Myrtle		che		milton		eptemb			_	М
	3. SE			4 RACE		5. DATE OF		6. AGE	(IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDE	R 24 HRS
. 1	7. D	Fema		White		Dec	. 6 1900	4	79	YRS.			
Ouce	/U. D	COUNTRY)		76 CITIZEN OF WHAT			NEVER MARRIED	S P. BALT	IMORE CITY C	OR COUNTY	OF DEATH		
5 <u> </u>	10 C	ITY OR TOWN OF	olina	U.S.		WIDOWED	OTHER INSTITUTION		altimo		126. KIND (OF BUILDIN	MD.
		Balto.		OTHER INSTITUTION, GIVE R	rdman	ADD ASSIVE	ue		work for most of St. Bu		pept.		ore
35	130. 5	Md.	13b COUN		Balto	N 11	34 INSIDECITY LIMITS		537 Er	dman	Ave.		
Enc.		ATHER'S NAME FIRST	Mi	lton	Know	rles	5. MOTHER'S MAIDEN FIRST Mary	NAME	WIDDLE			ley	
e medico		WAS DECEASED I YES, NO OR UNKNOW NO		WARORDATES	2-09-		A Elain	e Hah	n (dgh		F	inme	
injury, ar ather traumatic eve	NO	Canditions, if gove to couse (a), underlying	any, which immediate stating the cause last.	DUE TO, OR AS A (b) DUE TO, OR AS A	A CONSEQUE	INCE OF	OT RELATED TO THE TE	ERMINAL DIS	e de a	DITION GIVE	EN IN PART 10	01	
huos 2	CERTIFICATION	190 DATE OF OF	PERATION	196. CONDITION	FOR WHICH	OPERATION	WAS PERFORMED	20a A	NOTE	206 IF YES, IN CERTIFY YES	, WERE FINDI	NGS USE OF DEA	TH?
ked or Item 18 sh	MEDICAL CER	21d. INJURY OCH	CAUSE OF DEAT	216. TIME OF INJU HOUR A.M. P.M. 216. PLACE OF IN. (AT HOME, STREET, FAI	MONTH DA	19	THE LOCATION STREET	URRED (ENT	ER NATURE OF INJU		COUNTY		STATE
VT: If Item 23 is mark		22a I certify the sow the de	at (I) (this haspite ceased alive an	view the bridy after o	G MEDIO	ourred on the de	FF	ond from the	causes st	tated			
MPORTANT.	1	100	5 NAME LIVE OF		43014		22e ADDRESS	70.00	7 . 7		- 7		
MPG /				n Cohen					rial H	ospit	tal		
	23a. B	BURIAL, CREMATI	ON, REMOVAL	23b. DATE		IAME OF CEA	DO 3015	RY 23d. L	CITY OF TOWN		count	.0	FANT

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Lane 21213

259 DATE REC'D. BY REGISTRAR 25

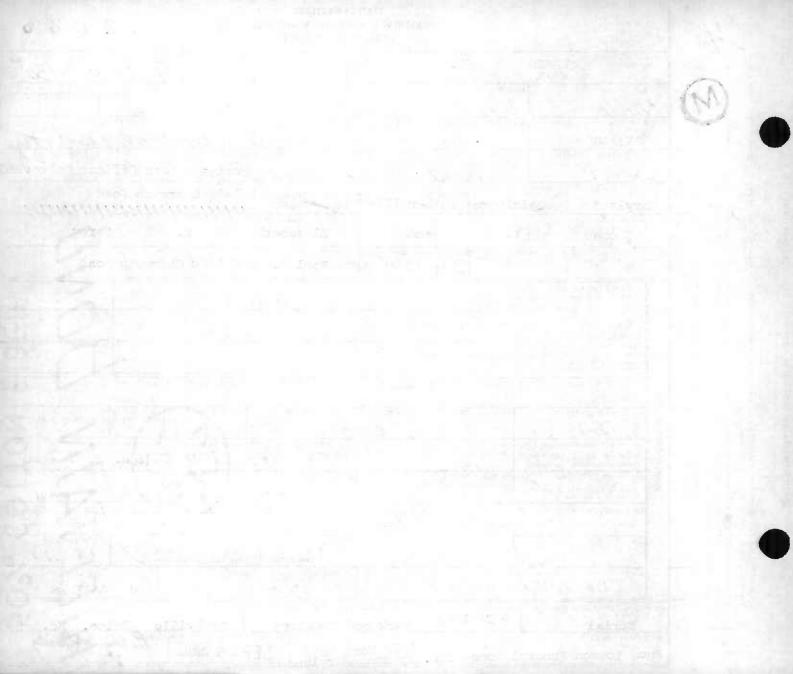
REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

^{14 FUN}SAMINGINER Funeral Home, Inc.

A sell sold of the selling of the and the state of

4	- STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	22135
	ECEASED NAME PE OR PRINT; FIRST FIRST FIRST M.P.	R A.	HAND	20 DATE OF DEATH MC	2/80 1/30 M
3.50	ND/E	white	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	YRS
70. 6	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH
86	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Mortgage Lo	N 126 KIND OF BUSINESS OR INDUSTRY Balto Fed
130 N	Maryland Pa	other institution, give residence before late or town Lutherv.	ille YES NO X	130 1400 All Charm	uth Road
30	FATHER'S NAME Thomas	A. Hand	IS MOTHER'S MAIDEN NA Elizabeth	WE .	Careÿ [™]
160	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE		7805 Mr. Paul J. F	ADDRESS Hand 1400 Cha	
ent, the	18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	ly one couse per line for (a), (b), and D BY:	1 - 10-0 0-1	~ +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y, or other troumotic (Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse last	DUE TO, OR AS A CONSEQUE (b) A C Y O DUE TO, OR AS A CONSEQUE	0	ain al disease or condition	TION GIVEN IN PART 1(a)
8 shows ony injur	190 DATE OF OPERATION 3/12/8 3	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Item 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 1400 C' F	RED CENTER NATURE OF INJURY II	nsten 18, part 1 or part 2) usaon at home
morked or	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	1403 Char	moth ad Lut	rerville Mcl
21 is	sow the deceased alive on above, (1) (we) (did) (did not	tol) ottended the deceosed from	, ond that in (my) (our) opinion	death occurred on the date	ond hour and from the couses stated
ZT: # Hem	22b. SIGNATURE	Jan 2	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 9, 21, 80
IMPORTANT: #	22d PHYSICIAN'S NAME (TYPE OF	AGHIZADEH	220 ADDRESS	ity of many	lad MIEN man
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	9-24-1980	AME OF CEMETERY OR CREMATORY Arkwood Cemetery	23d. LOCATION CITY OR TOWN Parkville	COUNTY STATE
76	FUNERAL DIRECTOR		25a. DA1	TE REC'D. BY REGISTRAR 25	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) OF ESTI-JOHN E. HANNA . 23 1980 9 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE 32 SIRTHDAY) PRONOUNCED Feb 29,1948 white male 8a M DEAD O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A Baltimore City DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS I NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Inion Memorial Hospital Baltimore Balto City Hosp. WSUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 718 Puritan Street (21211) Maryland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nichols Lila Hanna. 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs. Lila N. Hanna-718 Puritan St. 21211 1967 - 1971 212-118-9591 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES Z O BURIAL NO [71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 7:20 PLACE OF INJURY (AT HOME. Operator of motorcycle/truck collision. CONTRIBUTING CAUSE OF DEATH 21f. LOCATION STREET, FACTORY, FARM, ETC.) eswick & Wyman Pk. Dr., Balto. NOT WHILE AT WORK Md. 220. I certify that I took charge of the remains described above, held an Inspection Inquiry Hamicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTMORE, MA Assistant MEDICAL EXAMINER 9-23-80 Ann M. Dixon, EXAMINER'S NAME 111 Penn St. TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Chester, So. Carolina 9/27/80 Evergreen Cemetery Burial 24. FUNERAL DIRECTOR **DHMH - 17** A. Alan Seitz Funeral Home 3818 Roland Ave. (VR A15 ME (5)) 15M 7/76

The contract Teb 29,1918 12 A.B.U bmafyrm Salary State Company of the State of the Sta .chbling120 office Haryland -- background X yib article (2)201) Michola 6.11.3 John E. Hanna, Sr Tes 1967 - 1971 212-48-9594 Mrs. Lila N. Hanna-716 Portion St. 21211 . In comment of the same of th marial 9/27/80 - svergreen Cemetary Chester, 30. Carolina . Also Seits Foregal North 3 18 Roland Ave.

(VRA 15, 4)

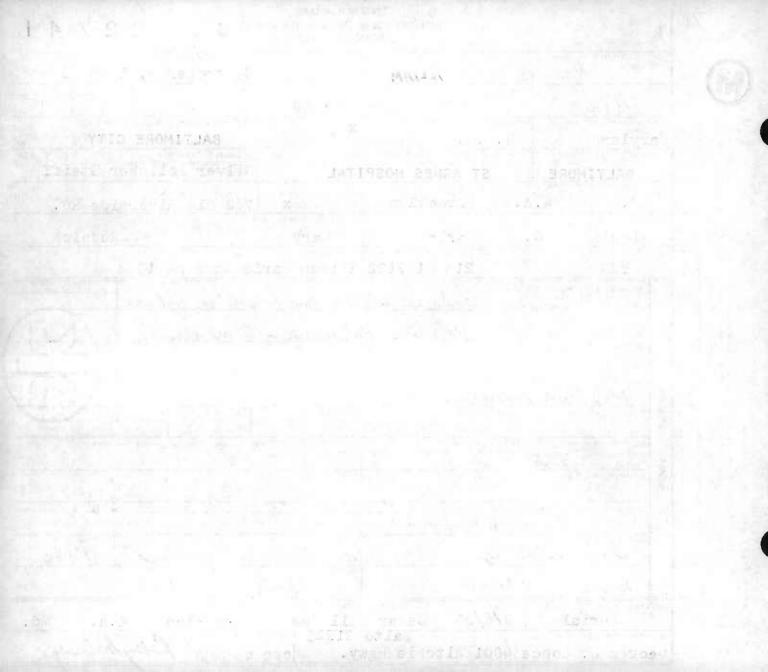
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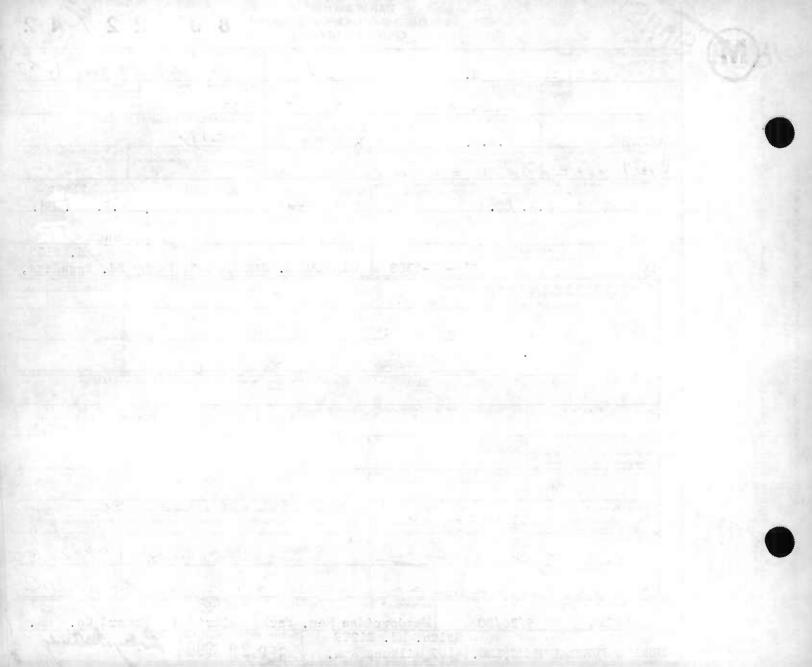
	1		STATE OF MARYLAND		
5	1.	FOR STATE REGISTRAR CON LECT 1	DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		2740
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v be age 3 eath		Cather	ene MARIE Hardy	9/3	3/80 323Am
ma pnce.	3 SE	FEMALE "	BLACIC SDATE OF BIRTH BLACIC SAME OF BIRTH AND JAY JAY JAY JAY JAY JAY JAY JAY	22 57 YRS	FUNDER 1 YEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN 75 (CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED DIVORC	DAIT ILLOS CONTRACTOR	
by the forest the fore		BALTIMORE	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION STANDARD STANDARD THE STANDARD S	128 USUAL OCCUPATION INTER OF WORK FOR MOST OF WORKING LE	
within 24 ho should be filled in should be filled in sexaminer mu	13e	AL RESIDENCE IIF NURSING HOME OR OTH STATE 130 COUNTY BA	IT CA TONSY, IE YES NO		e.
d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2	14 F	Andrew -	15. MOTHER'S MAI	MIDDLE	Gassaway
ficate be execu		WAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN! 18 YES, GIVE WAS	FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS RALDINE CORPORAL	6 ROBERTS AVE
iDS, 201 W. PRESTON ST., 8 requires that the death certif in signed by the attending phy, then please remove carbon paps to burial, cremation, or remory rigury, or other traumatic ery rigury, or other traumatic ery	NO	Canditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CON		HE TERMINAL DISEASE OR CONDITION GIV	EN IN PART I (a)
The law e has bee ermit. Tene prior shows ar	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \)
OF VIII VSICIA hysicial hysicial certific litransid		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	218, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	OCCURRED JENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
NG Indiandian he b and	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR OR Heal		22a.1 certify that (1) (this haspital) saw the deceased alive an above, (1) (we) (did) (3-4 not)	9/3 19 80 and that in (my) (our)	apinian death occurred an the date and hav	r and from the causes stated
AL DIR tached te Dept		22b. SIGNATURE	hey Levet MD ATTEN PHYSI		221. DATE SIGNED 9/3/80
TO HOSPITAL retained by the TO FUNERAL should be detact with the State I		JEFFREV	LEVIH ST. Ag.	nes Hogo. BAC	T. MD
BP		BURIAL	9-8-80 BALTIMORE NATIO	NAICE BALTIMORE	COUNTY
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME REELT E. NUTT	ADDRESS	SEP 9 1980	RAR'S SIGNATURE.

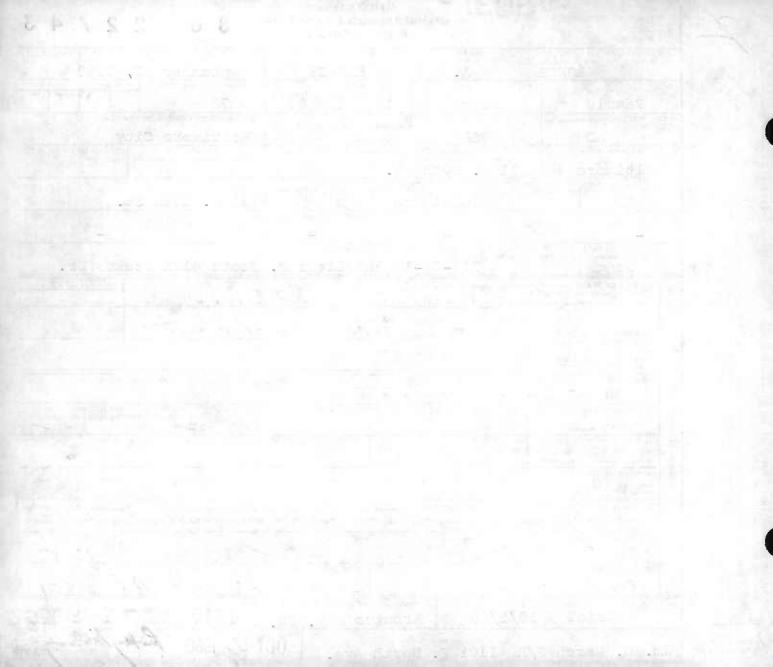
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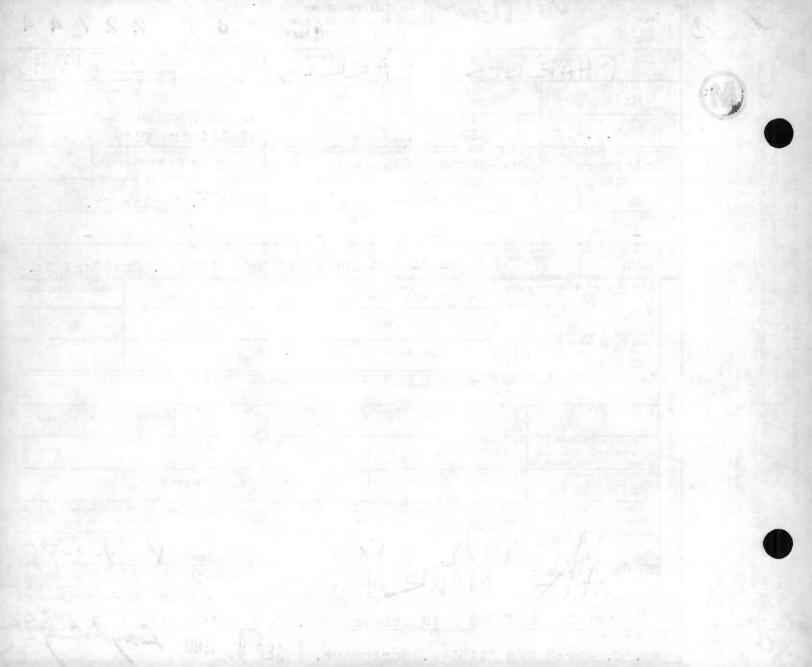
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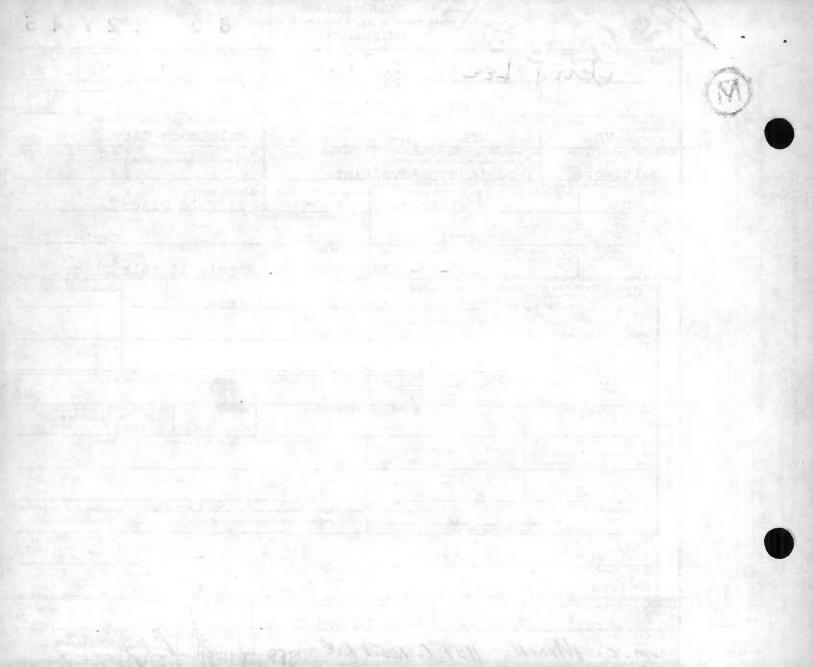
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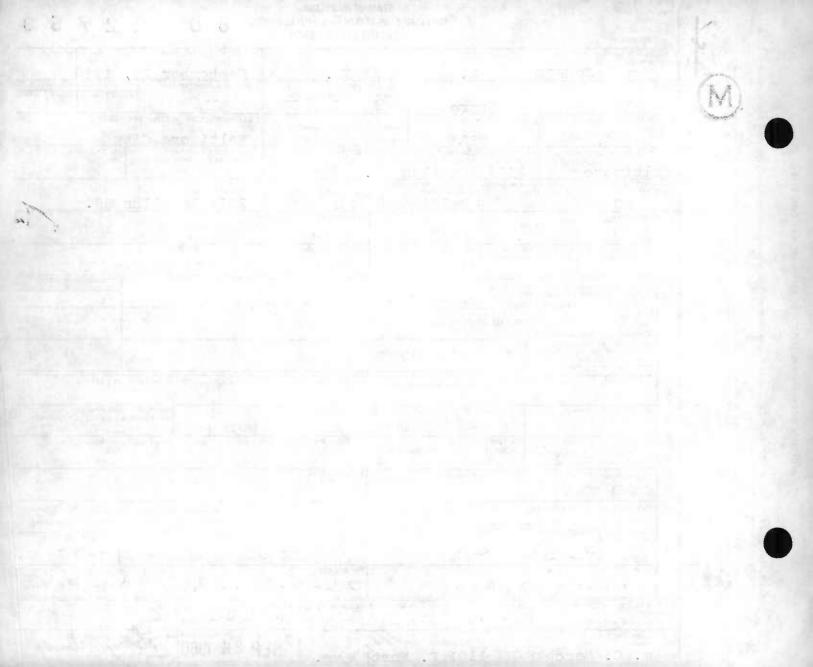
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	3 SEX	FEMALE	4 RACE WHITE		S. DATE C	/15/03	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HKS HOURS MIN	
Sec.	MÅ	RTHPLACE ISTATE OR FOREIGN DUNTRY) RYLAND	76 CITIZEN OF V	Α.	MARRIE		BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY				
softer of the filled with the falled with	В	ALT IMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, SIVE STREET ADDRESS) ST. AGNES HOSPITAL			120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMAKER	OF WORKING LIFE	12h KIND OI INDUSTRY	F BUSINESS OR		
LAND 2120	13a S M	ARYLAND 13b COU		THER INSTITUTION GIVE RESIDENCE BEFORE A 130 CITY OR TOWN BALT IMOR		13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 226 STONE		ROAD		
mARY omplete I and 2		RAYMOND	MIDDLE		NES	BLANCHE	MIDDLE	25.5	COOK		
TIMORE,		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) NO	RMED FORCES? VE WAR OR DATES)	216-36	5-3878	CHARLOTTE M.	SMITH 11		DOO AVI	ENUE	
DS, 201 W. PRESTON ST., BALTI quires that the death certificate b signed by the attending physicial hen please remove carbon papers. To burial, cremation, or removal.	z	Conditions, if any, which gove rise to immediate cause a), stating the underlying couse last	DUE TO, OF DUE TO, OF DUE TO, OF CONDITIONS CO	AS A CONSE	COUENCE OF	y: Recta		NDITION GIVI			
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DIVISION OF VITAL DING PHYSICIAN: The or ottending physicion After this certificate has eas the burial-transit profits and Mental Hygier marked or them 18 show	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P./ 21e. PLACE C	М.	19	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE	
OR ATTEN thospital DIRECTOR: Ched for un Pept. of He	7	22e.I certify that (I) (this hasp saw the deceased alive a obave, (I) (we) Idid) (did no 22b. SIGNATURE) 726. PHYSICIAN'S NAME (TYPE	ot) view the bady		19 80 . ar	22e ADDRESS	MEDICAL ST.	AFF ICIAN 🔽			
TO FUNERAL Established Should be detained by the TO FUNERAL Established be detained by the Store Elements of t	(BUTIAL, CREMATION, REMOVA RTAL	DUON 1 23b. DATE 9/6/3			ST AGNE EMETERY OF CREMATORY PARK CEMETERY	S HOST 1		COUNTY	STATE MD.	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR UNAME UNBARD FUNERAL					E REC'D. BY REGISTRA	_	pheli	Ny .	

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Data Common I Securior Liverage We mary les 225-25-1906 | VAR medical accord, Jalainour, Larylen CO 21 Soldated Co rade deal 20 21 Reducted M. M. Loletsorr, Taryland 21218 Met.

4	T - FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	22148
	1. DECEASED NAME FIRST (TYPE OR PRINT)		HARROD.		9 21 80 108 RM
lange 4 mg	3. SEX To BIRTHPLACE (STATE OR FOREIGN	B.	5. DATE OF BIRTH MONTH DAY YEAR 18 30	6. AGE (IN YEARS LAST BIRTI	HDAT) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN R COUNTY OF DEATH
O PO PO	COUNTRY) MARY AND 10 CITY OR TOWN OF DEATH	Th CITIZEN OF WHAT COUNTRY? AM CACCAN LL NAME OF HOSPITAL NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTMO	RE, CLTY MO
1201 Durs offer in by the e filed wi	CITY WSUAL RESIDENCE (IF NURSING HOME)	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST O	
hin 24 hc hin 24 hc should b	13e. STATE 13. COUI MO 14. FATHER'S NAME	Spencer Spencer			latson Road.
E, MARY cuted will complete s I ond 2		MED FORCES? 1166 SOCIAL SECU	FIRST ELL	WIDDLE	VOERSON SE
e be execucion ond control of control ond control ond control on the medical	(IF YES, GIV	nly one couse per line for (o), (b), on	3183 HENRY H	ARROD (HU	Sband AS # 13 BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbanapapers. Pages I and 2 should be fillenth and Mental Hygiene prior to burial, cremation, or removal. Or steed or them 18 shows any injury, or other traumatic event, the medical example must be an order or them.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ropulmonary Arres	rematosus INAL DISEASE OR CONI	
TAL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \)
SION OF VITA PHYSICIAN: The ending physicic this certificate the buriol-transit and Mental Hygie d or Item 18 sho	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING AUSE OF DE CHIEF, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE		19 211 LOCATION	RED (ENTER NATURE OF INJUR	
PIVISI RATENDING PR hospital or other the Part of the other other of the other othe	220. I certify that (1) (this hosp	ital) attended the deceased from		, to 10 in the do	1/21 , 19 0 , that (I) (we) lost ate and hour and from the causes stated
OSPITAL O ed by the UNERAL D d be defoct the Stote Do RTANT: If I	22d. PHYSICIAN'S NAME PRYPE C		ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STAF	FIAN 9.21.80.
My short of the sh	230. BURIAL, CREMATION, REMOVAL	123h. DATE 23c. 123c. 12	28 OJI	BWAY ROA	4D, 21133.
DHMH-16 50M 7/77 (VR A 15 (4))	24. FUNERAL DIRECTOR GEORGE R. SN	1 2046	U.Wash. St. "SE	P25 BY LEGITAR	25b. REGISTRAP'S SUPPL

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23b. DATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR HARTEN Gurl 80 6

(TYPE OR PRINT)

YES

COUNTY

22c. DATE SIGNED

26 -

NO [

STATE

26 HOUR

HOUR5

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

DAYS

1 acr

IF UNDER 24 HRS

23c. NAME OF CEMETERY OR CREMATORY

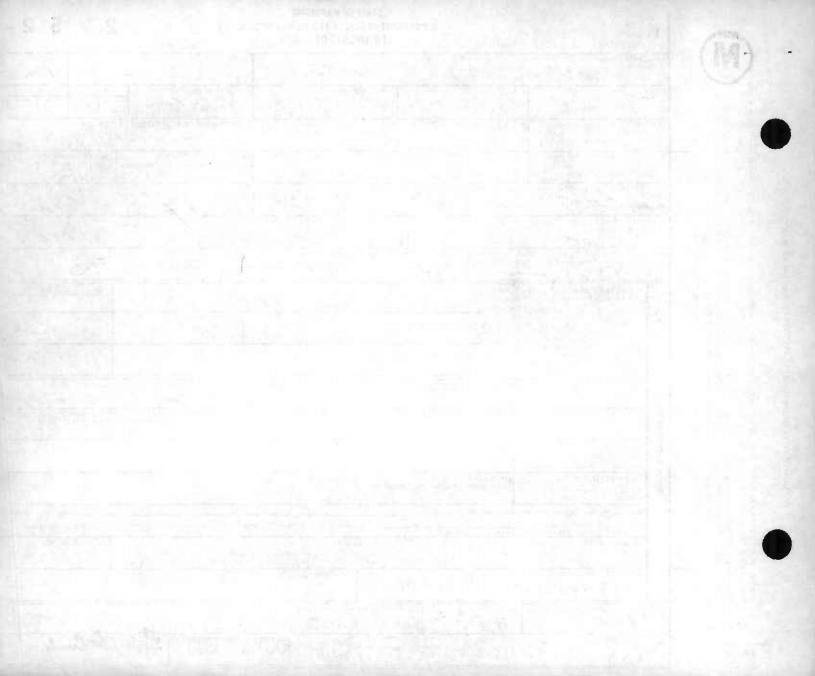
23d. LOCATION CITY OR TOWN

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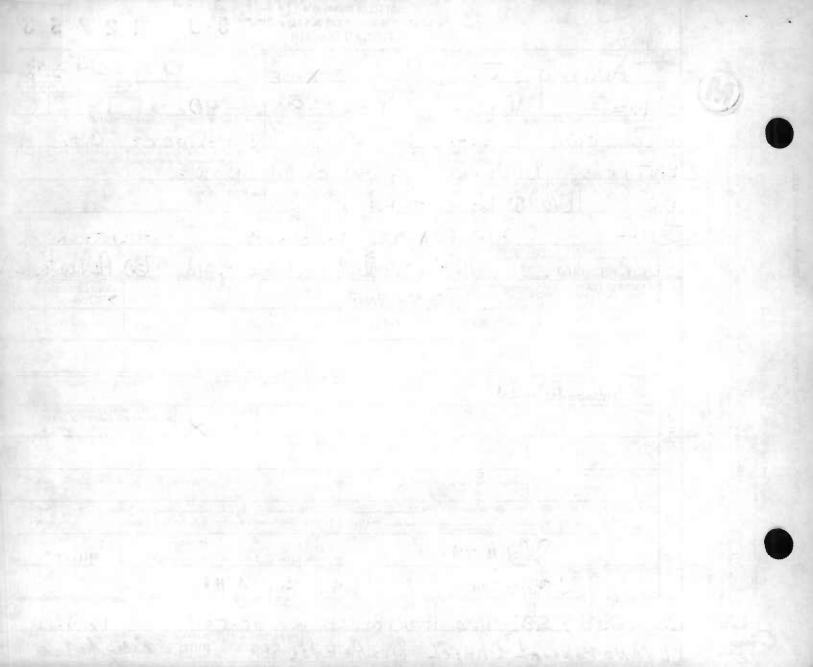
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

BP.



7				STATI	OF MARYLAND				
		1	FOR STATE	DEPARTMENT OF H	EALTH AND MENTAL HYGH	ENE 8 ()	2	2 / 5	3
			REGISTRAR	CERTIF	ICATE OF DEATH	REG. N	0	Comp 1 and	
		I. DE	CEASED NAME FIRST	MIDDLE	AST		MONTH DAY	YEAR 26 HO	UR
	and the	TYPE	ANdrew	J. Hart	enstrin)=		9-1-	80 5	45
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	W	0	Male.	White	-27-89	91	YRS		MIN
-	24 6/0		RTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
	25 X		NKNOWN	11. S. A. WIDOWE		Baltim	OXE	City	MD.
	16 97		ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME O	R OTHER INSTITUTION	12R USUAL OCCUPATE	ON I	26. KIND OF BUSIN	NESS OR
5	37 76	Bi	ALTIMORE !	IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS!	m 20 15+	TYPE OF WORK FOR MOST O	# WORKING LIFE!	NDUSTRY	
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Q	重動する	3	STATE 136 COUNTY	136 CITY OR TOWN	YES NO	IR. STREET ADDRESS			
2	y se x	14. F	ATHER'S NAME	a spigate He	15 MOTHER'S MAIDEN NAM	E			
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± 1	comp 1 and	14.	VAS DECEASED EVER IN U.S. ARMEI	FORCES? 186 SOCIAL SECURITY NO	IT INFORMANT	ADDRE		MTHER	7 .
0	an and c		ES, NO OR UNKNOWN] IF YES, GIVE WA		1 1	Onal	172N	1-01-	to 04
N. I			ONKNOWN	316,816,300	CONNEW HOS	DIALTO COS	100	HSYDIL	10200
8 ×	physician papers. P emoval. tic event,		14 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED 8)	ne cause per line far (a), (b), and (c).	4	V	1	APPROXIMATE INT	ND DEATH
F	cert g ph n pa rem atic		IMMEDIATE C	1 0 0 1 1 4 4 4 1 1 1	val			> 10mm.	
2	death cert ending ph carbon pa on, or rem traumatic		4275	DUE TO, OR AS A CONSEQUENCE OF					
STC			Canditions, if any, which	(b)			4. 1 King		
2	the att		gave rise to immediate cause (a), stating the	DUSTO OR AS A CONSCIOUS OF					ALC: N
3	by creek		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF					
201	igned pleas burial njury,		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERNAIN	IAL DISEASE OR CONI	DITION GIVEN	IN DADT 1/o	===
DS.	n sig hen to t	Z	Cerebrovanular or		TOT RECAILED TO THE TEXAMI	THE DISEASE ON CON-	DINOR ONE	THE TIME	
ŏ .	beer trior	Ĕ	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	Tanh IF YES W	ERE FINDINGS US	ED
RE	e has leene presente	CERTIFICATION	THE DATE OF CHARTON	The Contention for White of English	THIS TEM CHINED		IN CERTIFYING	G CAUSES OF DEA	ATH?
IAL	2 2 3 3 3 3	Ē.	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tal. How bulling occurre	YES NO	YES _		
FVII	THE FEE CALL		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
0	_ C	5	(IF EITHER, NOTHY MEDICAL EXAMINER)	P.M. 19					
DIVISION OF	fter thi and Mi arked o	MEDICAL	21d INJURY OCCURRED	21R PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOV	WN I	COUNTY	STATE
<u> </u>	After the but the and N marked	_	WHILE NOT WHILE AT WORK						
	is each a		22a.1 certify that (I) (this haspital)	attended the deceased fram		, to		, that (l)	(we) last
	To produce the		saw the deceased alive an abave, (1) (we) (did) (did nat) vi	19, an	d that in (my) (aur) apinian de	eath occurred on the de	ate and haur an	d fram the causes :	stated
-	osp losp ed f ept.		226. SIGNATURE		DEGREE	House		224. DATE SIGNED	D
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	AN State		22d. PHYSICIAN'S NAME (TYPE OF IRI	NTI	22# ADDRESS	DIRECTOR LA THISIC	INITE	11/101	
	ned Silving the		101	ida mo.	1 11. 10.	A MA			
1	TO FUNERAL DIRECT IN TO FUNERAL DIRECT Should be detached for with the State Dept.		7.081		FAINT ON MEDI	Tour Constitution			
11/18	/ " " " =	730	BURIAL, CREMATION, REMOVAL 2	3b. DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	NTY O	STATE
1701	BP	1	SURIAL	14-1980 HOLY K	EDZEMER	IBALTO.		1 JARYLA	no
	DHMH-16 25M	24 F	UNERAL DIRECTOR	1 0 Appress (10	1 1 25R. DATE	REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATURE	
	(VRA 15, 4) 1/79	L	VANSTUNEVA	L LMAPEL 8802	, Hautord AL St	P 5 1980	mora	my melins	de
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2	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND MENT ICATE OF DEAT	AL HYGIENE H	8 0 REG. NO	2	2 7	5 4
e 4 may be ctar, page 3 s offer death		CEASED NAME PRIST PRINTS	4 RACE	ARE	HA DATE O	PRTMAN PF BIRTH DAY 190	/ 6 AG		MONTH DA - 12 HDAY) III	Y YEAR Z - 80 UNDER LYEAR DAYS	26 HOUR IF UNEAR 24 H HOURS MI
death. Pag	BA	LTIMORE, CO., MI	. U.:	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRI	ED 9 B/	ALTIMORE CITY O	BALT	IMORE	CITY,
18 Mg	BA	ITY OR TOWN OF DEATH LTIMORE, MD. AL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SU	BALTIMORE	CITY	HOSPITALS	ON 120 (TYP)	USUAL OCCUPATION OF WORK FOR MOST OF RETIRI	ON F WORKING LIFE)	126, KIND OF INDUSTRY HOUSE	WORK
shin 24 ho	13a. S	TATE 136 COUN	IMORE	13c. CITY OR TOW DUNDA	'N	13d. INSIDE CITY LIA YES NO NO 1		TREET ADDRESS	O WAY	# 212	:22
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on ond of the medical		VAS DECEASED EVER IN U.S. ARA (15 NO OR UNKNOWN) (15 YES, GIVE	WAR OR DATES)	215-30-		MARGARET	E. CH	IALK :		RMCO W	
quires that the disigned by the at hen please remoit to burial, cremotingry, ar other tro	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, C	Protomer	ENCE OF	Renal y				N IN PART 1(0	
ne low red an. hos been permit. If	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		WERE FINDING NG CAUSES O	
SICIAN: TI og physici og physici certificate riol-transid entol Hygi- ltem 18 shr	_	? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		DF INJURY M. MONTH D	AY YEAR	21c HOW INJURY (OCCURRED	NTER NATURE OF INJUR			1
NG PHYS attendir atter this as the bu th and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
ATTENDO ospitol or ospitol or use and for use at af Heolim m.21 is m.		220.1 certify that (I) (this hospit sow the deceased alive an above (I)(we) [did [idid not 22b. SIGNATURE	- 61 /	1 .		that in (my) (our) o	opinion death	occurred on the do	te and hour o	and from the co	
by the h by the h ERAL DIR e detache State Dep		Michael 22d. PHYSICIAN'S NAME (TYPE OR	Wa	7		ATTENE PHYSIC 1226 ADDRESS	DING ME	DICAL STAF		9/1.	3/20
TO HOSPITA retained by TO FUNERA should be di with the Sta	-	Michael	Wag	her r	1. D.	491		ERN AVE.	BALTO	., MD.4	ייביי
4 BP	23a. B	BURIAL BURIAL	236. DATE 9-1			REDEEMER C	EMETER	LOCATION CITY OF TOWN Y: 4430 I	ELAIR	RD BA	LTO.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FL	NAME SEPTER	Soy In	62.24 BALTO	EASTE:	RN AVE.	SEP 1	5 1980	IN MENSOR	y Moule	lody

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ALM	g(x)		EASED NAME	FIRST		WIDDLE		LAST	2	OF ES	WN X MONT	H DAY YEAR	26. HOUR
1				Willi	am	Charles	F	lartman		DEATH MA	TED 9	26 1980 H DAY YEAR	M
20	0.8	3. SEX	4 RA	ACE	5. DATE OF BIRTH	941 6. AG	T BIRTHID AV			C. DATE	MONTH	1 DAY YEAR	2d. HOUR
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SSARY	PRESTON		RTHPLACE (STATE O		76. CITIZEN OF WH	HAT COUNTRY?	8. MARE	IED NEVER	MARRIED	BALTIMORE	CITY OR COU	NTY OF DEATH	
NECESSARY, PUNERAL DIRE	ると	B	ALTIMORE	MD.	U.S	.A.	WIDOV	VED DI	VORCED &	Baltin	more Cit	ty,	MD.
U7 LLI L	11 111	10. CT	Y OR TOWN OF D	EATH	11. NAME OF HOS	PITAL, NURSING		HER INSTITUTION		AL OCCUPATION	ON (TYPE OF WORL		ISINESS
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21201 F ANY	SECORDS SECORDS	130, 5	MD.	136. COUN		BALT IN	ORE	13d. INSIDE CITY LIA	o 13e 562	1 S. M	ACON ST.	# 21224.	
~ ± .;;	2 N	14. FA	THER'S NAME						MAIDEN NAME				
MD.			GEORG	E JO	SEPH HA	RTMAN		FIRST	HELEN	MIDDLE		LAST	
ORE A A G	SS ON A	16a V	AS DECEASED EVI	ER IN U.S. ARA	AED FORCES?	16b SOCIAL SE	CURITY NO.	17. INFORMAN		JESTUI A	NOWSKI	WA CONT. CO.	#0= 201
		(1)	S, NO. OR HINKNOWN	(IF YES, GIVE	WAR OR DATES)	212-40	1-2485	HELEN	SADOW	SET .	BALTIMO	MACON ST. DRE,MD.	#21224
BAL	PAGI		18 CAUSE OF DE	ATH /Enter col	y one couse per line			TIME	SADON	SKI I		APPROXIMATE	E INTERVAL
	E		PART I DEATH	SALAC CALLORS	BY: E CAUSE (o) Ru			or conti		- CT 100		BETWEEN ONSE	T AND DEATH
ON S	SIT PERMIT HYGIENE, VAL.		111111	IMMEDIAT		AS A CONSEQU		is gourte	e aneury	SIII			
in = /	NSIT IL HYC OVAL		Conditions, if	any, which	DUE TO, OR	AS A CONSEQU	ENCE OF					255	
	AMINER A	12	gave rise to	o immediate	(b)								
1 W.	5 - 4 0		cause (o) stoti		DUE TO, OR	AS A CONSEQU	ENCE OF						
8 DI	BURIAL BURIAL AND ME				(c)								
DIVISION OF VITAL RECORDS, 301 5 CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P	SED AS A BUR F HEALTH AND CREMATION,	7	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL OISEA	SE OR CONDITION GIVE	EN IN PART 1 (a).				
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F VITA	BE US	1		NCF MAG			1					YES X	NO 🗆
OF OF	E 2 4 8 2	8	UNDERLYING		21b. TIME OF HOUR A.M	MONTH DAY	YEAR 21c. H	OW INJURY OCC	CURRED (ENTER NA	ATURE OF INJURY IN	N ITEM 18 PART I OR	PART 2)	
NO JE	SEE S	MEDICAL	CONTRIBUTING [CAUSE OF E			19						
VISIC	3 S BEP	AED	21d. INJURY OCCL	JRRED		OF INJURY (AT H	OME, 21f. LC	CATION STREET		CITY OR TOWN		COUNTY	STATE
WRIS D	OKWAKDED TO THE CHIE R: PAGE 3 SHOULD BE USE E STATE DEPART/AENT OF P C; 21201 PRIOPTO BURIAL, C	-	AT WORK AT	OT WHILE WORK									
R: T	ST. 212		22a Legetify the	at I took chara	e of the remains des	cribed above hel	d an BODY	ONEY Inst	pection .	Inquiry	, and in my	opinion	1111111
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SXEC	PAGE 4 SHOUT TO FUNERAL DATER DEATH, BALTIMORE, MA	23o. B	JRIAL, CREMATION					OR CREMATORY	123d. LOC	CATION			
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6224 ELLYSA AVE. RADIO., 21224,ED. STEELE END LEE-WEELE

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ADTIVIDE BUILD OF CONTROL SAME OF THE SERVICE

SET E. HACOM AV. CREEK

DIVISION OF VITAL RECORDS, 201

FOR

REGISTRAR

- STATE

Unknown Joan Thompson 7215 Ft. Smallwood Rd. Balto APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 605 Balto. Annapolis Blvd. Sevenna Park, Md. (SPECIFY Burial Brooklyn Pk., Anne Anunde edan Hi U (emetery DHMH - 16 50M 7/77 ully F.H. Mtn. & Tick Neck Rds., Pasadena, Md. (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS.

12b. KIND OF BUSINESS OR

Home

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

DAYS

September 30, 1980 14	lanksook	ecella	ahuakau)
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(25 iddaosias ve. 21.		Multipane	4 1 2 1 2 1
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		REGISTRAR CEASED NAME OR PRINT)	. FIRST	rc	MIDDLE	LEXAMI	AEK 2 C	ERTIFICAT	E OF DE	20. DATE K	REG. N	-	TH D	AY YEA	R Zb. HOUR
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7	10. CI	Y OR TOWN OF	F DE ATH	II. NAME C	OF HOSPITAL N	URSING HOM	E OR OTH	ER INSTITUTION	12a. US	SUAL OCCUP.	ATION (TYP			KIND OF	BUSINESS
4		Baltimo			SUCH FACILITY, GIV				FOI	R MOST OF WORK	(ING LIFE)			OR INDU	STRY
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7	_M	THER'S NAME			I Ba	alto.		YES X NO	74	0 Linn	ard S	tree	et_		
1	-	FIRST		MIDDLE	TT. *	LAST		15 MOTHER'S M FIRST Vashti		/E	DDLE	т.,	. T	LAST	
1	16a. W	ugene /AS DECEASED I S. NO, OR UNKNOW!			Harvi	n OCIAL SECURI	TY NO.	17. INFORMANT			ADDRESS		hns	son	
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94			if any, which		TO, OR AS A CO	DNSEQUENCE	OF								
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		lying cause		DUE	TO, OR AS A CO	NSEQUENCE	OF								
	N	lying cause	lost.	(c)				DR CONDITION GIVEN	IN PART 1 (a)						
1	CATION	lying cause	IFICANT CONDITIONS	(c)	D DEATH BUT NOT RE	LATED TO THE TERI	MINAL DISEASE	DR (DNDITION GIVEN	IN PART 1 (a)	•]2	D. AUTOP:	SY?
	RTIFICATION	Jying couse PART 2 OTHER SIGN 19a. DATE OF O	IFICANT CONDITIONS	(c) CONTRIBUTING TO	DEATH BUT NOT M	LATED TO THE TERI	MINAL DISEASE	AS PERFORMED?						D. AUTOP	
	A CERTIFICATION	Jying cause PART 2 OTHER SIGN 19a. DATE OF O 21a. EXTERNAL UNDERLYING	PERATION CAUSE WAS	CONTRIBUTING TO	D DEATH OUT NOT RI	LATED TO THE TERI	MINAL DISEASE RATION W.	AS PERFORMED?	JRRED (ENTER	R NATURE OF INJU	JRY IN ITEM 18	BPART 1 OR			
		PART 2 OTHER SIGN 19a. DATE OF O 21a. EXTERNAL UNDERLYING CONTRIBUTION 21d INJURY OC	PERATION CAUSE WAS OR CAUSE OF	(c) 19b. C 19b. C 21b. T HOU	ONDITION FO	LATED TO THE TERM R WHICH OPEN DAY YEAR 1980 Y (ATHOME	RATION W.	AS PERFORMED?	JRRED (ENTER	R MATURE OF INJU	URY IM ITEM 18	BPART I OR			
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270. I certify that (1) (this hospital) attended the deceased from SATIFOLD, 1980, to 900, to 900, the saw the deceased alive on above. (1) (we) (did) (did not) wew the body after death. 272b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS	E			in			
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DEGREE 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE	Si no		22a.1 certify that (1) (this haspit	al) attended the deceased fr		nian death occurred on the date and	, 17
PHYSICIAN DIRECTOR PHYSICIAN DIR	tem 2		abave, (1) (we) (did) (did nat	wew the bady after death.		The state of the state of the	22c. DATE SIGNED
230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY, OR CREMATORY 230. LOCATION BUY OF TOWN BURIAL 10/2/30 NEW CATHEORY BALLINORE, MAR	¥ 7		E Joseph	Moris	PHYSICIA		1 9/27
230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION STRY OF TOWN BURIAL 10/2/30 NEW CATHERY BALLINGRE, MARCHINERE, MARCHINE	PORTA		E GOBEPN		- · · - ^	BINHOOD HILL	AACO. Mr.
	₹	23a 8	SURIAL, CREMATION, REMOVAL		231. NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	county - 14
/80 ANDREAD INCOME ANDRESS .	_	24 FI	BURIAL UNERAL DIRECTOR	10/2/30		DATE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE

STATE OF WAKTLAND

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		STATE OF MARYLAND	
1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 REG. NO. 2 2	761
(1	DECEASED NAME FIRST		10 PM
AE L	MALE	DEAR 5 10 03 / YRS.	DAYS HOURS MIN
10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PALTIMORE CITY OF COUNTY OF DEAT	TH MD.
	EALTO.	(IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	ND OF BUSINESS OR
# 13	R. STATE 136 CO	- BALTIMORE YES NO 1 2503 MIGGS	AUE.
14	FATHER'S NAME FIRST MATTHEWS	MODIE HATCHOW 15 MOTHER'S MAIDEN NAME FIRST MATINAMIONE	LAST
o ledico	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES, (GIVE WAR OR DATES) 220-03-1420 MRS. ALICE HAT CHEW-250.	3 LIGGS HOPPROXIMATE INTERVAL MEEN ONSET AND DEATH
ino), cremonon, or rem	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	
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MPORTANT		MAN A. PSEITRAN BON Scoms /	Ansp
23	BURIAL, CREMATION, REMOV	VAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN BALTO. MY.	U STATE
6 20M 4) 7/78	FUNERAL DIRECTOR RAME RAME RAME RAME RAME RAME RAME RAM	250 DATE REC'D. BY REGISTRAR 251 PLANTBAR 5 510	A PRE



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	1			5	STATE OF MARYLAND					
	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 0	2	2 /	6	2
		CEASED NAME FIRST	MIDDE	Œ	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOU	JR
		Josep	ph	Н	lawkins	September	7 1980		10:3	BOAM
	3 SE	Х	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	R IF UNDER	24 HRS
		Male	Negro		January L. 1898	82	YRS.		1,00%	With the
nge -	Fu. B	IRTHPLACE (MATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	ARRIED NEVER MARRIED	9. BALTIMORE CITY O				17
5		aryland	U.S.A.		DOWER DIVORCED	Baltim		ty		MD.
110	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRES		120 USUAL OCCUPATI		12b. KIND INDUSTRY	of Busine	ESS OR
78	LISTI	Baltimore AL RESIDENCE (IF NURSING HOME)		nd General		Crane Oper	cator F	etire	d Gov	rt.
21	13a.	STATE 136 COL	UNTY 13c.	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
2>		ATHER'S NAME	G. H	illcrest	YES NO	3215 31st	Ave.			
OC.		FIRST	MIDDLE	LAST	FIRST	MIDDLE		U	AST	
		Joseph Hawkins WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY N	Georgianns	Clark	cc			
2		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)							
	-	no		577 58 66	30 Mary A. Haw	kins 3215 31	st Ave	. H11	leres	t. M
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per line	for (a), (b), and (c).)				BETWEEN	XIMATE INTER	DEATH
			ATE CAUSE (0)	Pneumonia						
5		2711								
		and I have	DUE TO OR AS	A CONSEQUENCE	OF					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 23 WALSER FREDERICK HAWTIN . SR. 80 om 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF HINDER TA HAS MONTH YE AR HOURS White Male 1909 To. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED COUNTRY CITY BALTIMORE Illinois WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13L COUNTY 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Harford 514 W. Bel Air Ave. Aberdeen Md. Aberdeen Maryland NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Walser Raymond Hawtin Ruth ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Aberdeen. LYES NO OR UNKNOWN) Md. 21001 (IF YES, GIVE WAR OR DATES) 213-18-6196 No .Bel APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, ORAS A CONSEQUENCE OF minari oma gave rise to immediate couse (a), stating DUE TO: OR AS A CONSEQUENCE OF seuse underlying couse MOMIL à OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION pQU OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 10 MEDIC. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an bove, (1) (we) (did) (did not) view the bady after death and that in (m) (aur) apinian death accurred an the date and haur and from the causes stated GNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be deta e State l DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 224 PHYNCIAN'S NAME LTYPE ORPRINT 22e. ADDRESS should be with the 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Aberdeen, R.D., Harford BP Sep. 1980 Harford Mem. Gardens Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Tarring Funeral Home, P.A., Aberdeen, Md. 21001

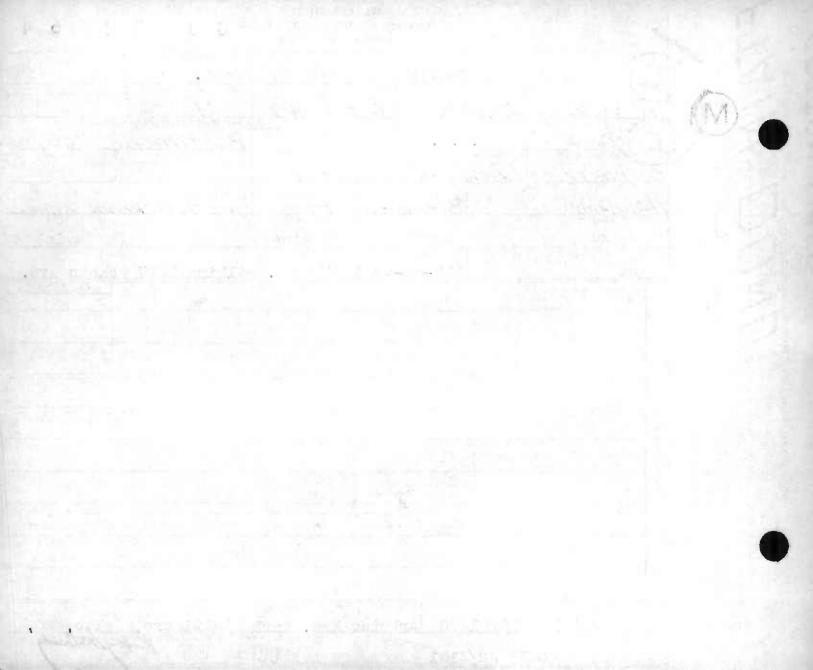
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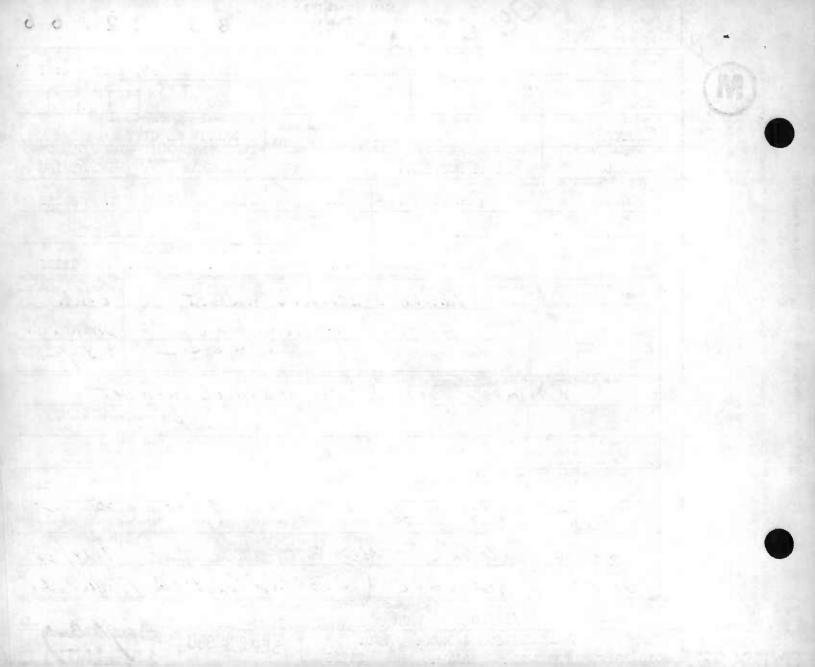
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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X		CEASED NAME FIRST HEN	MIDDLE	HELL	LAST BAANINI	20. DATE OF DEATH		20 11001
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narked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
ate Dept. or near		270.1 certify that (1) (this best) sow the deceosed glive an above, (1) (wer total (did no 27b. SIGNATURE	-21 /		DEGREE ATTENDING PHYSICIAN	death occurred in the do	FF _ 9	the couses stoted ATE SIGNED
with the St		JOSEPH	C. MATCI	YAR	3635 Qe	& Court	Rd, Bul	linger
N.	230 [BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 9/19/80		F CEMETERY OR CREMATORY	D RANDALLS	STOWN BAL	
16 25M , 4) 1/79		UNERAL DIRECTOR SOL	LEVINSON & BRA			EP 2 3 1980°	251. PJGSSPJBBnas JBN	Michelle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR DECEASED NAME 20. DATE KNOWNXX 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 9 1080 ELVIN 4 RACE IF UNDER 24 HRS 122435 DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED male black DEAD 1080 1914 65 am CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR NEVER MARRIED WIDOWED [DIVORCED Baltimore City IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TTYPE OF WORK 176. KIND OF BUSINESS OR INDUSTRY 2028 Druidhill Avenue Baltimore BOKER IUAL RESIDENCE UE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS more 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDIDLE AMDDIE CRTRUCI INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE (o) Conditions, if any, which disease gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TAENT OF YES [] NOXX 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 3 SHOU CONTRIBUTING CAUSE OF DEATH PRIOR 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22g. I certify that I toak charge of the remains described above, held on Autopsy and in my opinion Inquiry Suicide Homicide Undetermined monner death resulted from: Notural causes TITLE (SPECIFY) ACTUAL DATE TO FUNERAL CAFTER DEATH. SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS. **DHMH-17** (VR A15 ME (5)) nComunity F.H. 1206-08 Wost/ hethA 15M 7/76

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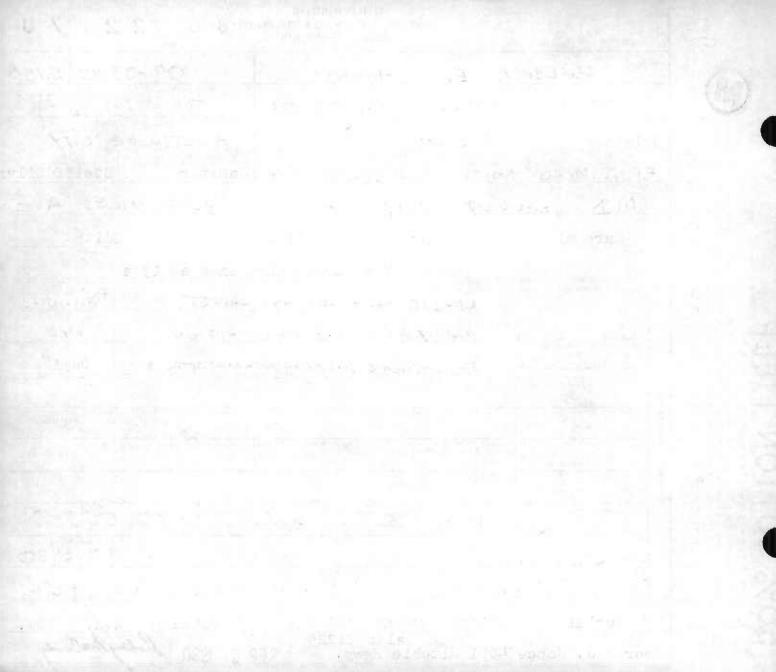
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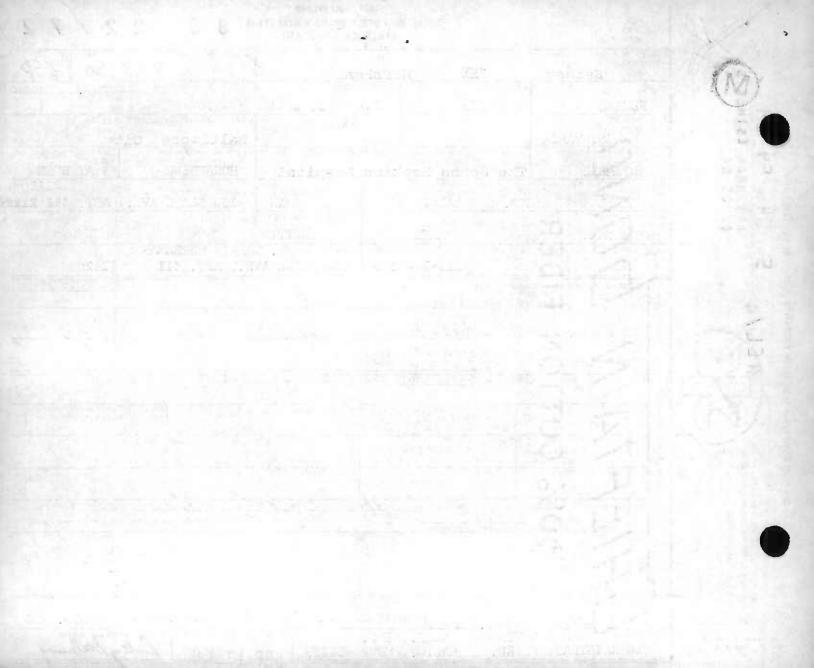
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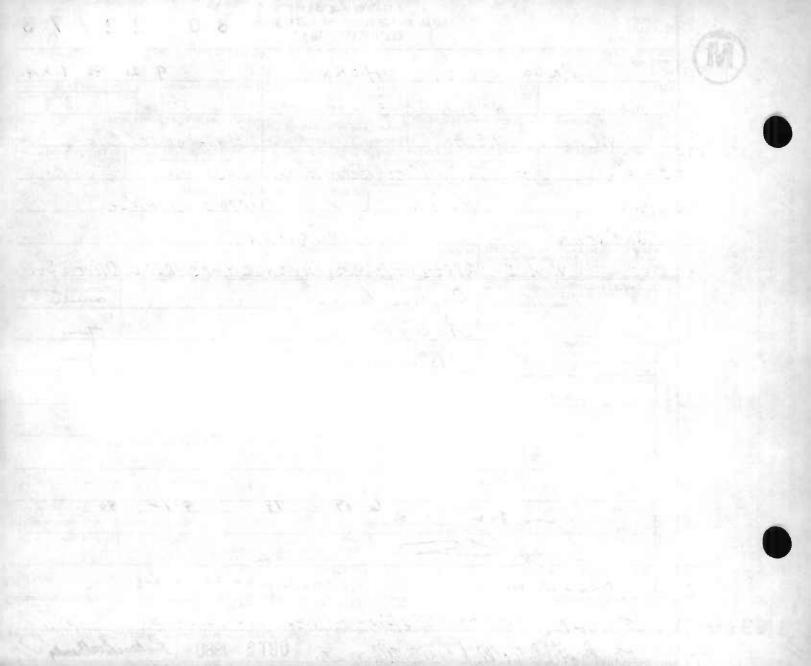
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



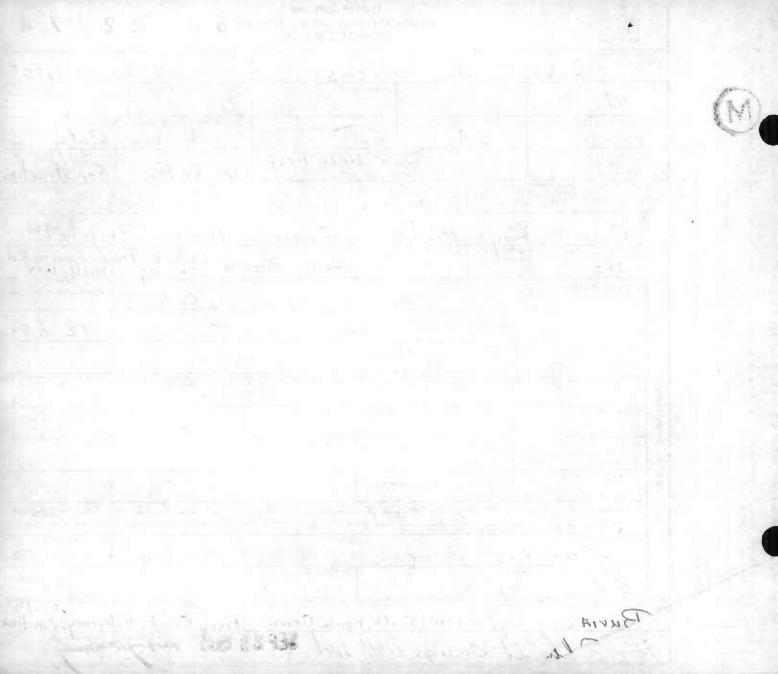
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE . CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2n DATE OF DEATH MONTH (TYPE OF PRINT) 20 XXX Esther Hershman 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5, 1904 FEMALE WHITE JUNE 76 To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA USA Baltimore WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR TIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE HOUSEWIFE AT HOME Johns Hopkins Hospital MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION #21208 30 STATE 11 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 130 SLADE AVE., APT. 411 #212 BALTO BALTIMORE MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE NETTIE UNKNOWN **HAYMAN** KATZ 17 INFORMANT MR. MORRIS HERSHMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-74-6103 130 SLADE AVE., APT. 411 #21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental ! (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 80 saw the deceased alive an , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (wet pdid) (did nat) view the bady after death 77% SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE RANDALLSTOWN BALTO. BETH EL MEM. PARK BURIAL SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 6010 REISTERSTOWN RD. (VRA 15, 4) BALTO., MD 21215





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	11.	FOR STATE	DE		EALTH AND MENTAL HY	SIENE 8 0	221	14
	Ι.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	H:50 PM
		CEASED NAME FIRST	WIDDLE	,	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
4 65		Robe	RT J.	Hic	KS		9-25-80	1650 M
	3 SE		4 RACE		F BIRTH	6 AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
(M)		Male	White	MONTH	30 48	31.	YRS MONTHS DA	YS HOURS MIN
	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8	WEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	,
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the d with	10 C	TY OR TOWN OF DEATH	IT NAME OF HOSPITAL, I	VURSING HOME (ROTHER INSTITUTIONS	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		D OF BUSINESS OR
	0	altimore.	Shock Ti	RAuma	-Miemiss	CArpent		astruction
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MARYLAND 2120) ed within 24 hours is mpletely filled in by and 2 should be file exomine must be he	114 FA	THER'S NAME	TIDOD 1/ LA	1 10	15. MOTHER'S MAIDEN NA		-	W -11
		Koperl	Koy ITIC	LKS	Grace	MAVIE	/rip	Lell
BALTIMORE, cote be execu- ysicion and co ppers. Pages 1 vol.		1.4	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	123/	8 Timber	Grove Rd.
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RESTO deoth attend nave co otion, o		Conditions, if ony, which gove rise to immediate	(b)	6	olloid cy	5	/	2 9100
201 W. PRESTON es that the deoth cr ned by the attendin please remove carb ural, cremotion, or , or other traumatic		couse 101, stoting the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF	,			
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L REC	E S	THE OF GREATION	/	WINCH OF ERATIO	THAS TENI ORMED		IN CERTIFYING CAUS	SES OF DEATH?
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ON OF HYSICIA ding pl is certif buriol-t Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211, LOCATION			
/ISIC	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	OUNTY COUNTY	STATE
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TEN TOR: ST He		sow the deceased alive on	9-25	- 500	d that in (my) (our) opinion			
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the of the processor of the Dollars of the Desiration of the Desir		Sutie	to Roglin	-	ATTENDING PHYSICIAN F	MEDICAL STAF		25-80
by by ANITA	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	1	22e ADDRESS	_ DIRECTOR PHISIC	IANGE	23
TO HOSPITAL retoined by the TO FUNERAL with the Stote IMPORTANT: H	10	GRORDIO	182 M.D.		27 5. GR	eene Bal	noso.	M.A.
5 5 5 4 X	23a F	URIAL CREMATION, REMOVAL		23c NAME OF C	METERY OR CREMATORY	23d, LOCATION		North
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DHMH - 16 50M 1/76	24. FL	INEBAL DIRECTOR			/ CEDA	FREC'D BY REGISTRAR	256. REGISTRAR'S SIGN	1 1
(VR A 15 (4))	19	James Sollage	At Owing	s Wills	Med del	7 1300 1	wyry/Male	looly



injury, or other troumotic event,

IMPORTANT: If Hem 21 is marked at Hem 18 shows ony

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	D	EPARTMENT OF I	HEALTH AND		ENE 8	REG. NO	2	2	1	7	5
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3 SE	F	W. KACE	MONTH 7		YEAR 20	60	ARS LAST BIRT	YRS	MONTHS	DAYS	HOURS	MIN.
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	BALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME (IVE STREET ADDRESS) NES HOSP	OR OTHER IN	NOITUTITE	120 USUAL C ITYPE OF WORK BUSINE	OCCUPATION OF OR MOST OF	ON F WORKING L	IFE) IND		F BUSIN	
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	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	18.9193	JANE.	D, BUHR	MAN	SAME		3e			
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	22d PHYSICIAN'S NAME HAPE	DR PRINT)		22e ADDRI	PHYSICIAN [MEDICAL DIRECTOR	PHYSIC		19	1/	5/2	30
	Dr. Os e i			1900	Orton	Ave	. Bo	ult.	MD	21	22	9
230.	BURIAL, CREMATION, REMOVAL CREMATION	9/9/1980	GREEN		CREMATORY		OR TOWN ALTIM	ORE	COUNT		RYLA	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY INC. DUNDALK, MARYLAND SEP 1 5 1980 Listry Melius

MARYLAND

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FOR

DHMH-16 30M 2/80

(VRA 15, 4)

NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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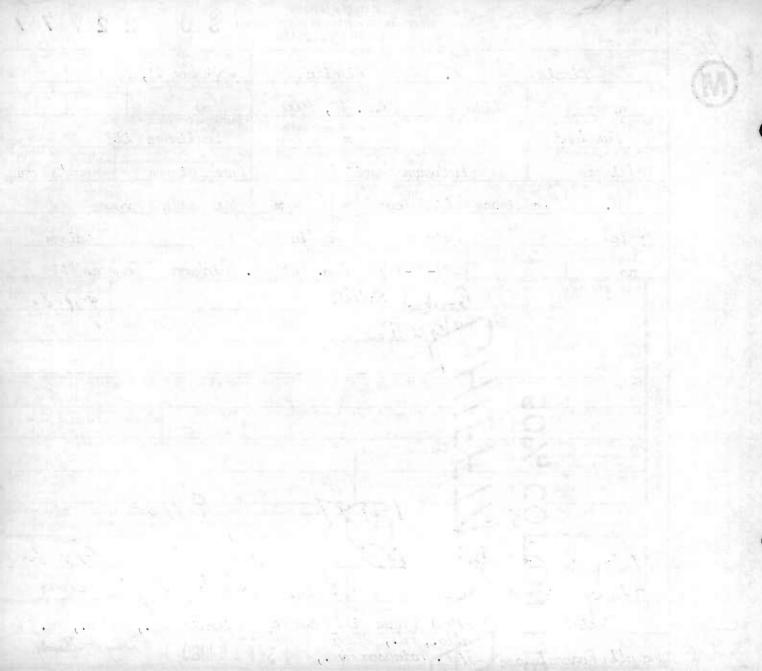
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Carole dignett Greensboro, Ed. b 0

9-27-80 Greensboro Greensboro Caroline II.

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STATE OF MARYLAND



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STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	O	2	2	1	7	8
CERTIFICATE OF DEATH		REG NO					

	REGISTRAR				CEKIII	ICATE OF DEATH	REG N	0		
	CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH		DAY YEAR	26. HOUR
TITE	ORPRINT	Carro	11 P. H	iltner,	Sr.		September	12,	1980	5.15 %
3 SE	X	T	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	
	Male		White		July	22, 1922 YEAR	58	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FI	OREIGN 7	L CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	Maryland		USA		WIDOWE		Baltimore	di	tu	MD
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
Ba	altimore	1	St. Ac	nes He	spital		Plumber	F WORKING E	Bal	to Co.
130 5	AL RESIDENCE (IF NUR STATE aryland	ID FOUN	imore	13c CITY OR 1 Catons		13d INSIDE CITY LIMITS? YES NO 🛪	13e STREET ADDRESS 8 N. Pro	spec	t Ave.	
14 FA	ATHER'S NAME					15 MOTHER'S MAIDEN NA		•		
	Millard	F.	IDDLE H	iltner		Laura	WIDDLE	1.	Jenk	ins
	VAS DECEASED EVER		NED FORCES?	166 SOCIALS	ECURITY NO	17 INFORMANT	ADDR	SS		
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Г.,	PART DEATH W	AS CAUSED		a cute	1/14	OCARDIAL	INFAR	CTIO.	NI	HOUR
	410-			R AS A CONSE						
	Conditions, if ony,	which	(b)_	1 7 6 7 CO 1 3 5						
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	underlying couse	lost	(c)							
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RTIF							YES NO		ES 🗌	NO 🗌
O	21a. ACCIDENT WAS UNI		HOUR A.	F INJURY	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
CAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.		19					0.916
MEDI	21d INJURY OCCUR		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	AT WORK AT WO	ORK -		100			-52			
	22a.1 certify that (1)		ol) ottended th			1976	_, to PRES	ENT		that (1) (we) lost
	sow the decease above, (1) (we) (a	did) (did not				d that in (my) (our) opinion (deoth occurred on the d	ote and ha		
	226. SIGNATURE		OKO.		an l	DEGREE ATTENDING	MEDICAL STA	E E	22c. DATE	SIGNED
	Tum	Certi	THE	· · · ·		PHYSICIAN [DIRECTOR PHYSIC			
	22d. PHYSICIAN'S NA					22e ADDRESS				000
	Dr. Norma	an Kle	iman			3803 Edmond	dson Ave. B	lto.	, Md. 212	229
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 1/75

MPORTANT: If them 21 is marked or them 18 shaws any injury, or other troumatic

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

(VR A 15 (4))

retained by the haspital ar attending

Burial 9/10/80 MeadowridgeCemetary D

14 FUNERAL DIRECTOR 163D Edmondson Avea. Catonsville, Md 12 PAIE REC'D

Witzke Funeral Home of Catonsville, P.A. 21228 CD. BY REGISTRAR 256, BEGISTRAR'S SIGNATURE 1980 Burial

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17	-			STAT	E OF MARYLAND	~		The second second
12	-1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	2 7 7
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	(ITPE	Daroth	EA K.	HI	NES	-	Sept 2	1980 43
	3 SE	×	4 RACE	5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAT) IF UNI	DER I YEAR # UNDER 24
	t	EMALE	white	9	5 1889	71 90	YRS	
35	/a. B	RTHPLACE (STATE OR FOREIGN GUNTRY) BALYIMOVE	1. S. A	MARRIE WIDOWE		Baltimore city of Baltimore	ore (City
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35	13a. S	AL RESIDENCE (# NURSING HOME OF STATE 136 COUN	ITY 13c CITY	OR TOWN OCHUPST	131. INSIDE CITY LIMITS?	8216 Bay	side Dr	ive
	14. F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM			
(0		lohn t	1.	Blass	Henrietta			hoctel
7		VAS DECEASED EVER IN U.S. AR	WAR OR DATEST	IAL SECURITY NO.	17 INFORMANT	ADDRE		AL COLOR
		_ No	214	74 7499	Mrs. Georg	ge King, P	inehurs	t, Maryla
	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE CONTROL OF OPERATION		ONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI		N PART 1(a)
2	TIFIC				The state of the s	YES TO NOT	IN CERTIFYING	CAUSES OF DEATH?
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	21¢ HOW INJURY OCCURR		RY IN ITEM 18, PART 1.C	DR PART 2)
Í	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJUR (AT HOME, STREET, FACTOR		ZII LOCATION STREET	CITY OR TOW	vN CO	OUNTY STATE
1 1611 7		220 1 certify that (I (this haspi saw the deceased alive an above, (I) (we kidd) (did no 20 SIGNATURE	7 6 1 1	19 50 , at	nd that in (hy) (our) apinian of DEGREE ATTENDING PHYSICIAN	medical Stal	F	from the causes state 22c. DATE SIGNED
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	(BURIAL, CREMATION, REMOVAL Burial	23b. DATE 9/5/80	23c NAME OF C	emetery or crematory ine Park	234 LOCATION CITY OF TOWN Balto.,	populari.	STATE Md
5M 1/79	24. FI	UNERAL DIRECTOR Henry 1905 York Roa	W. Jenkin d Balto.	s & Sons Md. 21:		SFP 4 198	400	SSIGNATURE

Hom amakar Swithers

Maryland . A undal Picchurst × 8216 Bay its Drive

John H. Blass Henrichts Shodel

No. 21 74 769 Ms. George King, Pindurst, Norviand

Dr. aut ay D. Fich andon, M.D. Keswick Numin Home

Burial Long Long Park Balto.
Fency Jamine Sone Co.
Sone Foe Bitc. 121

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		1.	FOR STATE REGISTRAR		DEPARTA	AENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 0	2 / 8 0
			CEASED NAME FIRS	ST	MIDDLE		AST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be ge 3 eath		Titre	ALEX	KANDER		HIRS	CH	SEPTEMBER 1,1	980 4:30 A _M
mar pa r di	ė	3 SE	MALE	WHITE		S DATE O	TL 15, 1886	6 AGE (IN YEARS LAST BIRTHDAY) 94	IF UNDER 1 YEAR IF UNDER 24 HRS
MI		7a B	RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?			9 BALTIMORE CITY OR COUNT	Y OF DEATH
	77	C	POLAND	US	SA	WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CIT	
by the last	90	10 C	TY OR TOWN OF DEATH	I IF NOT IN SI	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET I CONVALES	ADDRESS)	OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L OPERATOR	126 KIND OF BUSINESS OR INDUSTRY WOMENS CLOTHI
e filed	70	ÚSÚ	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFORE	ADMISSION)			INOMENO CHOTHI
filled ald bu	35		MARY LAND	COUNTY	BALTIMO	RE	YES XX NO	130 STREET ADDRESS 6310 WALLIS AVE	. (21215)
shou		14 F/	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	1463
and 2	80		JOSEPH	MIDDLE	HÎRSC	Н	CLARA	WIDDLE	UNKNOWN
ysician and co pers. Pages 1 a oval.	/		VAS DECEASED EVER IN U (ES, NO OR UNKNOWN)	S. ARMED FORCES? ES, GIVE WAR OR DATES)	059-09-		SOL HIRSCH	ADDRESS 6310 WALLIS AV	E. (21215)
been signed by the att Then please remove ior to burial, crematic s any injury, or other		TION		ANT CONDITIONS	SONTRIBUTING TO E	DEATH BUT		Ina Herryses	
inficate has ansit permit Hygiene pu		CERTIFICATION	1% DATE OF OPERATION			OPERATIO		YES NO 🔼 IN CERT	IFYING CAUSES OF DEATH?
is certifica ial-transit lental Hyg or frem 18	9		218. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
s the burial-tra th and Mental marked or Iter		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE CAT WORK		E OF INJURY STREET, FACTORY, OFFICE, F.	ARM, ETC.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: r use and Heal			220 I certify that (I) (this saw the deceased all obove, (I) (we) (did) (a 22b. SIGNATURE	ve on Sept	ly ofter death.	80.0	nd that in (my) (our) apinion in DEGREE	, to	, 19 , that (I) (we) last ur and from the causes stated
T e ta		8	22d. PHYSICIAN'S NAME		ef Lees	1	ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN	9/1/80
TO FUNERAL should be detact with the State IMPORTANT:			MANUEL	LEVIN				ARK HEIGHTS AVE.	(21215
P # % ≥		(BURIAL /REI	1 0	190		CARMEL	BROOKLYN, N.	COUNTY STATE
DHMH-16 25 VRA 15, 4) 1,			INERAL DIRECTOR NAME SOL LEVINSON	& BROS I	6010°ÆEIS BALTIMORE	TERST	OWN rd. SEF	REC'D. BY REGISTRAR 25 BUT 15	TRAIT'S SIGNATURE

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DHMH-16 30M 2/80 (VRA 15.4)

REGISTRAR

DECEASED NAME

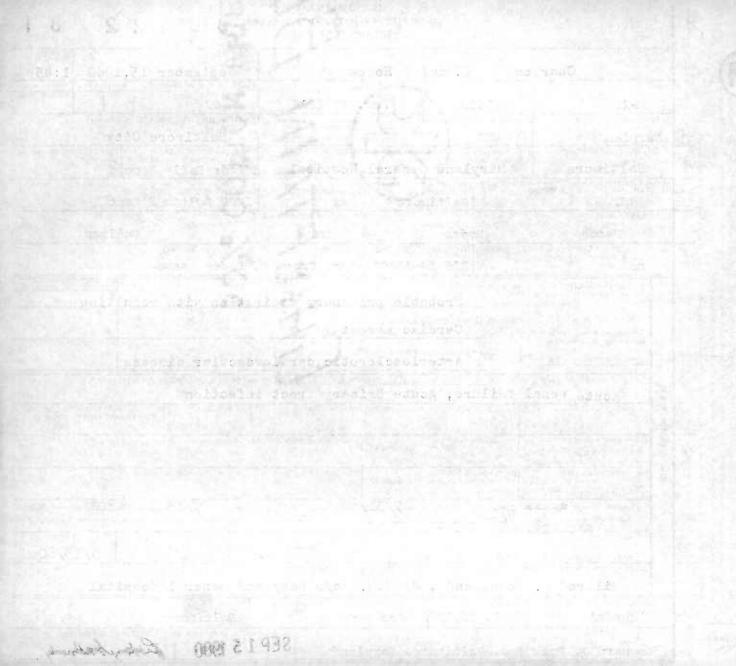
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH September 13,1980 6. AGE (IN YEARS LAST BIRTHOAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED Baltimore City DIVORCED [12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Editor-Daily Record 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1402 Bolton Street 15 MOTHER'S MAIDEN NAME Kuhlman ADDRESS Mrs. Grace T. Hodes MMEDIATE CAUSE (a) Probable pulmonary aspiration with resulting Arteriosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) CITY OR TOWN COUNTY and that in (my) (my) (points) opinion death occurred on the date and hour and from the causes stated 27c DATE SIGNED ATTENDING MEDICAL 9/13/80 PHYSICIAN DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

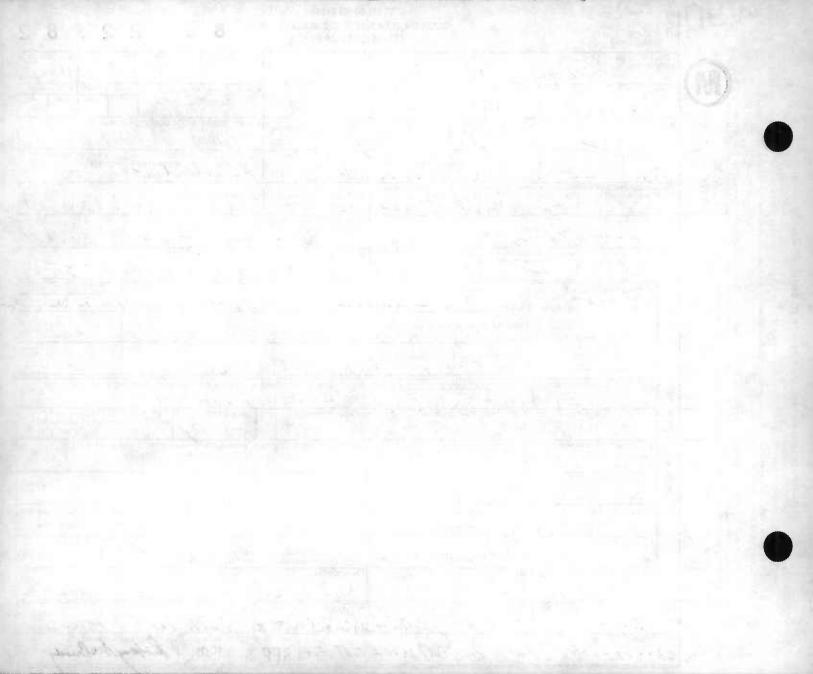
Baltimore Md.

73d LOCATION



	1.	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	2 2 7 8 2
M	I. DE	CEASED NAME FRST	VIA M. H	OFFMAN	20 DATE OF DEATH MONTH	B 80 1135 AM
W	3 SE	FEMALE	4 RACE WhiTE	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) O YRS.	IF UNDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN
35	74. B	RTHPLACE (STINE OR FOREIGN OUNTRY)	The CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	Y OF DEATH MD.
58	30 C	BAHIMORE 1	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	NE KIND OF BUSINESS OR
25	USU 13a	AL RESIDENCE (IF NURSING HOME OF	TO CITY OR TOWN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS BI4 W. PRATT	-St Baltoziz
and 2 she		THER'S NAME FIRST Chai		15. MOTHER'S MAIDEN NA	1 HAMPUNA	Howell
it, the me		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOCIAL SECURION (1997) 18-4	1 2 1	ADDRESS PEKS 1314 W/	PRATT ST
removal.		PART I DEATH WAS CAUSE	nly ane cause per-line for (a), (b), and (b) BY TE CAUSE (a)	monia		RETWEEN ONSET AND DEATH Z DAYS
ation, or er traum		585 - Canditions, if any, which	DUE TO, OR AS A CONSEQUEN	_ 1 _ 1	FAILURE	yks
burial, crema		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	V1 - T	allet	YKS
y r	NON	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART TO
ygiene prior	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
he burial-transit pern and Mental Hygiene arked or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
th and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Heal		saw the deceased alive an	tal) atterded the deceased from 19 3 11) view the body after death.	, and that in (my) (aur) apinian	death accurred on the date and ha	, 19_ 60 , that (I) (we) last ur and from the causes stated
ate Dept		226. SIGNATURE	5. Pinnem	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/3/80
with the State IMPORTANT:	(PHYSICIAN'S NAME (TYPE O	PRINCE MI	27. ADDRESS	= MARYAND	HOSPITAL
. ₹ ≥	23a. (BURIAL CREMATION, REMOVAL	2 00 0	ME OF CEMETERY OR CREMATORY TIMES OF HATTERIAL CEMETER	23d LOCATION CITY OR TOWN RY RIST TIME AT	COUNTY STATE STATE
H-16 25M	24 F	UNERAL DIRECTOR	Frenedal House Tol. 15	25e. DA	TE REC'D. BY REGISTRAR 25h RESIS	TRANS SIGNATURE

STATE OF MARYLAND



6224 EASTERN AVE.

BALTO., 21224, MD.

MARYLAND 2120

PRESTON ST.,

DHMH-16 30M 2/80

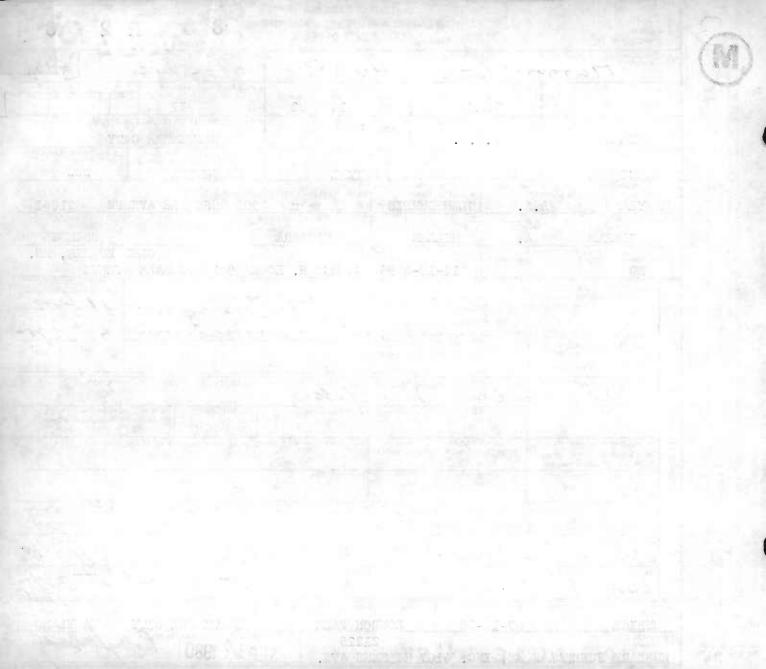
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STATE OF MARYLAND

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	THE THE STATE OF STAT	100		Josh Arens

TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

3	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYDICATE OF DEATH	GIENE 8 0	2	2 /	8
)		CEASED NAME	FIRST	MIDDLE		U	AST	24. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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	3 SE	X	1 41	RACE		5 DATE O		6 AGE TIN YEARS LAST BE		INDER I YEAR	F UNDER 24 H
		FEMALE		WHITI	Ε	09	24 02		77 YRS MON	THS DAYS	HOURS MI
5	3a. B	RTHPLACE (STATE OR FOR	IGN 7b	CITIZEN OF WHA	T COUNTRY?	1	NEVER MARRIED	9 BALTIMORE CITY		DEATH	
5		MARYLAND		U.S.A	A.	WIDOWE		BALT	MORE CI	TY	
1	10 C	ITY OR TOWN OF DEAT	111		ITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF	BUSINESS
4		BALTIMORE	- 1	UNION N			PTTAL.	HOUSEWIE			
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01	_	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
4		WILLIAM	MIDE	A.	MILLER		BARBARA	MIDDLE		IINK	NOWN
		VAS DECEASED EVER IN	U.S. ARMEI	D FORCES? 166	SOCIAL SECU		17 INFORMANT	ADDR	ESS GLEN	BURNI	
2	- (NO OR UNKNOWN)	IF YES, GIVE WA		212-10-	4896	GEORGE H. HO	OOK 903 ROS	SEDALE A		,
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		1340		DUE TO, OR AS	A CONSEQUE	NCE OF	0 41	- 8	· · · · · · ·	5 7	-11
		Canditions, if any,		169	were	Cen	athe	to rece	1000	5	
		gove rise to imme cause (0), stating	the 1	DUE TO, OR AS	A CONSEQUE	NCE OF					
		underlying cause	last	(c)							
		PART 2 OTHER SIGNIF	ICANT CON	NDITIONS CONTR	IBUTING TO	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN	IN PART 1(a	
	õ	200	00	reco	4	ne	Clittes	The state of the s	medal management		
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		saw the deceased	alive on	9//5	19.5	an go	d that in (my) (our) opinion	death occurred on the	late and hour an		
		phove, (I) (we) (did	(did not)	the bothy ofter	death.	/	DEGREE	-		12c DATE S	IČNED.
		MAL.		NI	ine	-	7) @ ATTENDING	MEDICAL STA		9/	15/
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		220. PHISICIAN S NAM	TE TYPE OR PR	Peul	108		3 7 7 7-	- C+- C	Raul	24	Ba
		Wine 1		1240			3	34.0			77
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13a. S	ALRESIDENCE STATE Marylan	136. COUN	OR OTHER INSTITUTION, GIVI NTY	131. CITY OR TOW Baltimo	/N	13d. INSIDE YES 😿	CITY LIMITS?		ET ADDRESS	r Terra	ice		
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	WAS DECEASE YES, NO, OR UNKNO NO	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	None	JRITY NO.	17. INFOR		С Нос	oper Jr	DDRESS Sa	ıme		
KEMOVAL.	798	IMMEDIA ns, if ony, which se to immediate	DUE TO, OR	dden inf		eath s	yndrom	ie					T AND DEATH
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FICATION	cause (a lying cau) stating the <u>under</u> use lost.	DUE TO, OR A		TERMINAL DIS			IRT 1 (a).			- 10	AUTOPSY?	
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M. C. BERNE	3. SEX	(4 RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEA	RS IF UNI	DER 1 YR. IF	UNDER 24 H	RS 20 DATE	ED	MONTH DA	Y YEAR	2d. HOUR
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O T NAM		ATHER'S NAME		WIDDLE		LAST		15. MOTHER'S	MAIDEN NA	AME	DLE		LAST	
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FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

BP DHMH - 16 60M 1/75 (SPECIFY

24 FUNERAL DIRECTOR

BURTAL

(VR A 15 (4))

YES

COUNTY

MD

22c DATE SIGNED

LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

ARBUTUS MEMORIAL PARK

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23d LOCATION

BALTIMORE (BALTO

REG. NO

MONTH

YEAR

80

INDUSTRY

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TILLMAN

20

26 HOUR

12b. KIND OF BUSINESS OR

LONGSHOREMAN

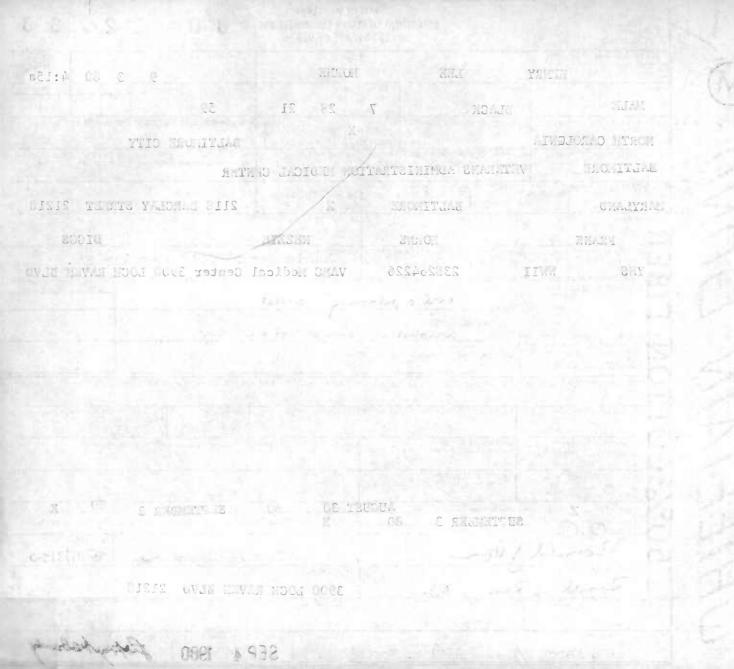
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STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X LIVES OR PRINTS ESTI-William . 80 H. Houpt DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 80 Male White DEAD a . .. 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE CITATEOR MARRIED T NEVER MARRIED Baltimore City DIVORCED E CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS University Hospital Baltimore 13e STREET ADDRESS A 3d. INSIDE CITY LIMITS? rack 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (m) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOXX TIE TIME OF INJURY
HOUR AND MONTH DAY YEA 210 EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) passenger in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 211 LOCATION T83 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK Jones Falls at Falls Road, Baltimore Co., Md. street InspectionXX 22a. I certify that I took charge of the remains described above, held an and in my apinion Undetermined manner death resulted fram: Natural couses Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9-7-80 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME(5)) Robert S. Barranco Severno 15M 7/76

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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F.E. ARUNNER FUNERAL HOME 121 DAVIS ST.W.

DHMH-16 30M 2/80 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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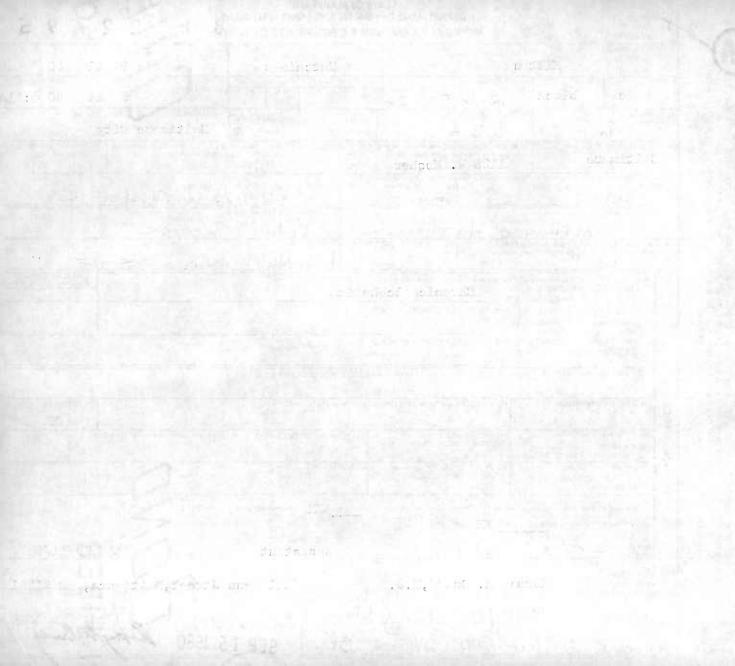
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		INDERLYING	AL CAUSE WAS G OR ING CAUSE O	H	TIME OF OUR A.M. P.M.		DAY YE	AE 21c.		RY OCCUR			OF INJU	JRY IN ITEM	A 18 PART 1	OR PART 2)			0 []
MEDICAL	1	WHILE AT WORK	NOT WHILE AT WORK		PLACE O	DRY, FARM, E	(AT HOME	21f. L	OCATION STREET			CITY	OR TOW	/N		COUNTY			STATE
			ify that I took charted from: No	nn M.	2	Accident	X ,	Auto Suicide	TITLE	Inspect micide (SPECIFY) SSISTA	enn S	etermin EDICALI	EXAM	INER	- D.	ny opinio ATE GNED_		3-80)
230	, BUI	RIAL, CREMA	ATION, REMOVAL	23b. DATE 97	27/8	13c.	hame of	4	OR CREMA	PArk	23d.	LOCATI TY OR TOV	07 U	5		COUNTY	M	STATE C	
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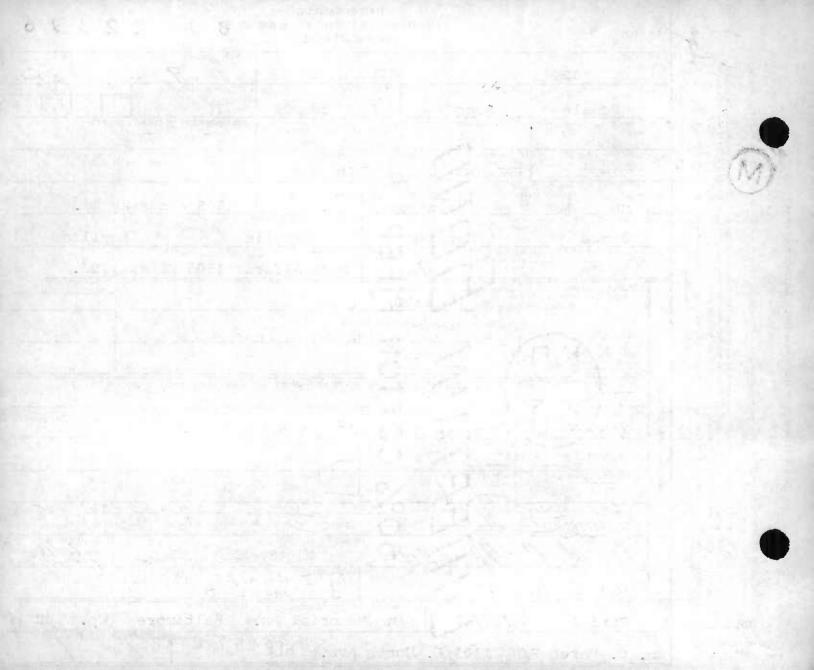
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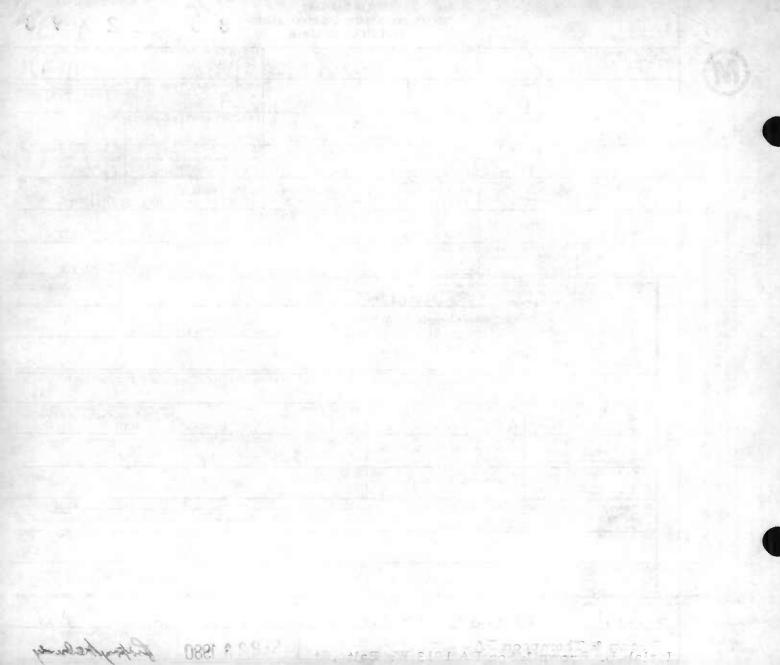
22	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 0		2 7	9.6
2		CEASED NAME FIRS	ī	MIDDLE		AST	2a. DATE OF DEATH		YEAR	2b HOUR
oy be oge 3 deoth	(TYP	E OR PRINT)			ILE	S	9	23	80	8:052N
moy poster d	3. SE	Х	4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ge 4		Female	Ne	gro	6 6	28 04	76	YRS	THS DATS	HOURS MIN.
of once.	7a B	IRTHPLACE (SLATE OR FOREIGH COUNTRY) MD		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED D	9. BALTIMORE CITY O BALTIMORE		DEATH	ME
M Park	1	BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET MEMORIAL	ADDRESS)	TAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS OR
LAND 2113 In 24 should be is should be is	13a.	AL RESIDENCE HE NURSING HO STATE 136 (MD ATHER'S NAME	ME OR OTHER INSTITUTION COUNTY	13a. CITY OR TOW Baltima	N	134 INSIDE CITY LIMITS? YES X NO 1	13e STREET ADDRESS 1505 Ki	ngswa	y Rd.	
MARY ted with omplete ond 2		James	MIDDLE	Cornish	2	Marcell	La		quill	a
IMORE on ond c Poges		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166. SOCIAL SECU	IRITY NO.	Nora Alfor	addre d 1505 K		y Rd.	٠,
f., BALT fricote b physicion noopers. movol.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	er only one couse pe AUSED BY: EDIATE CAUSE (o)	rline for (o), (b), one Metasta		Ca.			APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
W. PRESTON SI		193 - Conditions, if ony, which gove rise to immedia	DUE TO, C	Primar	NICE OF	naplastic TI	hyroid Cz			
201 W. Fees that the ned by the please re urial, cren		couse (a), stating the underlying couse los	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	WAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN ING PHYSICIAN. The low requires that the death certificate be executed within 2 ratending physician. Her this certificate has been signed by the ottending physician and completely fill as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shouth and Mental Hygiene prior to burial, cremotion, or removal. orked or them 18 shows any injury, or other traumatic event, the medical against many contents.	CERTIFICATION	190. DATE OF OPERATION			OPERATIO	N WAS PERFORMED 20 to tumor	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	GS USED OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificate h be buriol-tronsit p ad Mentol Hygier d or item 18 sho,		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE IN EITHER NOTIFY MEDICAL EXA	OF DEATH 21b. TIME O	OF INJURY M. MONTH DA		21c. HOW INJURY OCCUR				
DING PHYS or ottendir After this cos the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	CAT HOME ST	OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TTENDING pitol or of TOR: After for use as t of Health o		22a I certify that (I) (the saw the described all above (II) we could be	- La -	-		nd that in (my) (our) opinion	, 10	19. ote and hour or		not (I) (we) lost ouses stated
SPITAL OR A I by the hos VERAL DIREC be detoched e Stote Dept.		226 SIGNATURE David	C. K.	Ven Mi	7	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F IAN D	22c. DATE S	3/80
HOO FUIL		DAUD C.	ALLEN			201 E. Uni Balt- Md	versity Pa	rkway		
159 BP	23a.	BURIAL, CREMATION, REMO SPECIFY Burial	9/27/			EMETERY OR CREMATORY Memorial Pk	. Baltin	nore "	Con	MID
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	г/н 11	101 E ^{ADDRESS} N	orth	Ave. SFP	EZEGO. 1980GTRAR	pa et pictor	MS SIGNATO	1



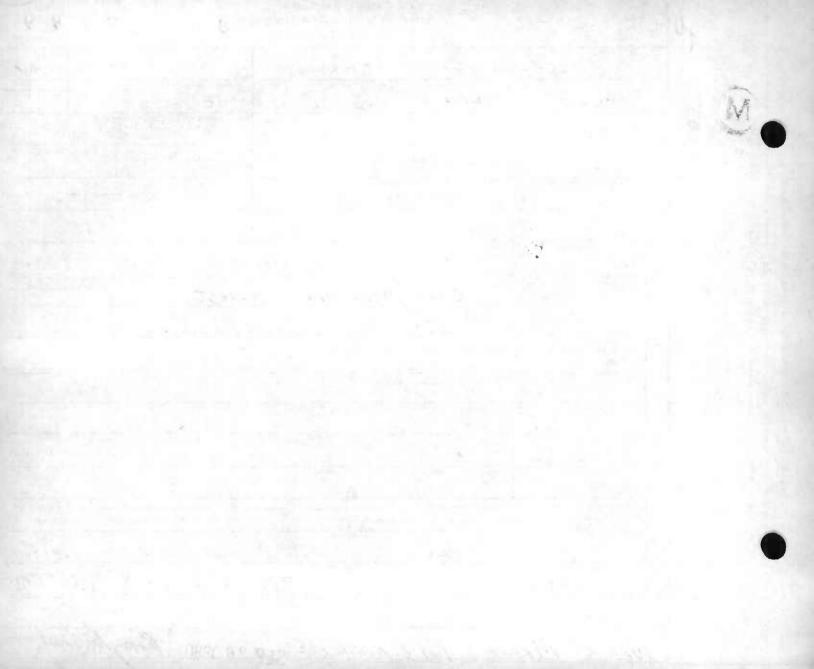
12		-	FOR STATE REGISTRAR		MED	ICALI	EXAMINE	ER'S CE	RTIFIC	ATE OF	DEATH	O REG. N	2 2	7 9	7
	-	1. DE	CEASED NAME OR PRINT)	NE FIRST		MIDDLE		LA	ST		0	TE KNOWN	MONTH	DAY YEAR	2b. HOUR
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	S S S S S S S S S S S S S S S S S S S	3. SEX	le	4. RACE white	Jan. 8,	YEAR 43	6. AGE (IN YEAR LAST BIRTHDAY 37	MONTHS		HOURS	MIN. PRON	ATE OUNCED EAD	9-	1 ₁₉ 80	a _M
	TALL TALL) a. BI	RTHPLACE (S	STATE OR	76. CITIZEN OF WH			0	X7 NEV	ER MARRIE	9. BAI	TIMORE CITY	OR COUNT	Y OF DEATH	
	哥哥哥里3 3	M	aryla:	nd	U.S.Z	A .		WIDOWE		DIVORCE	_ D	altimor	e Cit	У	MD.
	PAGE STATE	1.	TY OR TOWN		II. NAME OF HOSE Universi	TAL, NUI	RSING HOME, DSpital	OR OTHER	INSTITUT	ION	12a. USUAL OC FOR MOST OF Mech	CUPATION (TY WORKING LIFE) anic	PE OF WORK	RIND OF B	IRY
21201	E ANY DE SHOULD II RECORDS	13a. S	RESIDENCE TATE ryland	1136. GOUN		13c. CITY	BEFORE ADMISSIO OR TOWN	13	d. INSIDE (II	TY LIMITS?	13e. STREET AC	odress Nolber	rw D	rive	
D. 21	2, 2, 3, 3, 4, 1, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		THER'S NAM		MIDDLE				5. MOTHE	R'S MAIDEN		WIDDIE	<u> </u>	IAST	
Ä,	DEATH PAND STAND S	DC:	harles	s (Clement		win		Cla I INFORM		Но	rtense	F	elthou	sen
AOR	A A C -	16a. V	AS DECEASE	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURITY					ADDRES	S		
ATTA	SIGH N		no.			219	-40-13	325	Car	ol Ir	win	same	as	above	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.	082		18. CAUSE C	EATHING CALLE	nly one couse per line				41.50					APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
IS N	HIN 24 HOL IN ITEM 18 R ALONG SIT PERMIT. HYGIENE, I	183	015	IMMEDIA	TE CAUSE (a)M	ulti	ole inj	uries							
510		7	8 Condition	ans, if any, which		AS A CON	ISEQUENCE O)F							
0. 0.	ECUTED WITHIN 5." IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT IND MENIAL HYON, OR REMOVAL	M	gave r	rise to immediate a) stating the under-	(b)	45 4 604	ISEQUENCE O	\r_						-1	
3	E Z X 4 2 K		lying ca		DOE TO, OK	AS A CON	ISEQUENCE O	7						100	
5, 30	CAL BURNAND		PART 2 OTHER S	SIGNIFICANT (DNDITIONS	CONTRIBUTING TO DEATH II	UT NOT RELA	TED TO THE TERMI	NAL DISEASE D	R (DNDITION	GIVEN IN PART	110			1	
ORD	AFF	Z								· · · · · · · · · · · · · · · · · · ·					
REC	CHIEF ME CHIEF ME CHIEF ME COF HEAL	CERTIFICATION	19a DATE O	FOPERATION	19b. CONDIT	ION FOR	WHICH OPERA	ATION WAS	S PERFOR/	MED?				20 AUTOPS	1?
ITAL	SHOUND CHIEF US	TIFE	BALL OF											YES XX	NO 🗌
OF V	LE WORLD BE IMENT OF BURING	GER		AL CAUSE WAS	21b. TIME OF		DAY YEAR					OF INJURY IN ITEM 1			and
NO	CERTIFICATE SHO TING THE WORD DED TO THE CH E 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL	MEDICAL	UNDERLY IN	ING CAUSE OF							orcycie	wno st	ruck	a curb	and
VISI	CERT FING 3 SF DEP	VEDI	21d. INJURY		21e PLACE C	ORY, FARM, E			TENEO		- 0194	N PANCING	lan ang	Tis, Ma	rvřáhd
ā	E. THIS CER RWARDED RWARDED PAGE 3 STATE DEF	-	AT WORK	NOT WHILE E	x stre	et		Kt.	.5000	ape s	t. Clai	I Ku. I	Illiapo	,113, 110	T y Land
	ATE, ORV ORV E ST E ST		22a. I cert	tify that I took char	ge of the remains desc	ribed abo	ive, held an	Autapsy	XX.	Inspection	, Inq	uiry , c	and in my of	pinion	
	A STANCE OF SOLITION OF SOLITI		death resul	Ited fram: Natu	ral causes ,	Accident .	XX, Suid	cide .	Homic	ide .	Undetermine	d manner	,		
	EXA CERT JID DIRE WIT ARY		ACTUAL	1	V NA	1			TITLE (SI				DATE	9-1-	90
	RAI HOUR		SIGNATURE	10 V	MAN	KO		-40	Ass	istan	t MEDICAL E	XAMINER	SIGNE	9-1-	80
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21;		EXAMINER'S TYPE OR PR	S NAME A	nn M. Dixo	on, M	.D.	AI	DDRESS_	111	Penn S	Street			
	TO TO AFT	23o.B	URIAL, CREMA	ATION,REMOVAL		23c. ?	NAME OF CEM	AETERY OR	CREMATO	ORY	23d. LOCATIO		cou	NTY	STATE
	BP		Bur		9/4/80	G	len Ha	aven	Ceme	etert	Glen	Burni	e, A	.A. Ma	rylan
	DHMH · 17		UNERAL DIRE		ADDRESS					SEP	2 PREGI	STRAR (25)	May!	HECkerch	1
	(VR A15 ME (5)) 15M 7/76	R	aymon	d C. Fin	nk G	Len	Burnie	e, Mo	1.	JLF	2 10		/	/	

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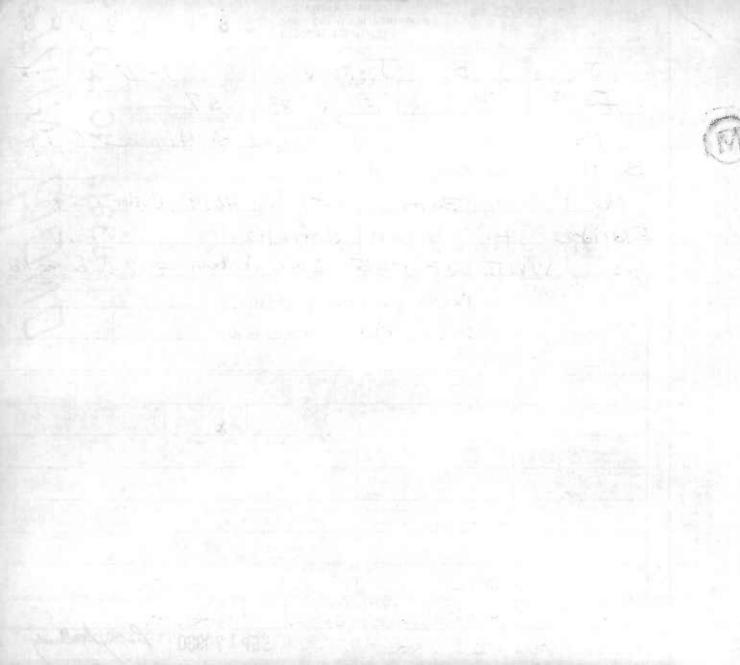
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10 1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 2	2 / 9 9
	PECEASED NAME FIRST BERI	NARD S.	JACKSON		4 80 10:40 A
3 SE	MALE	4 RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 12 26 31		FUNDER YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	
3/ 10 0	Balto.	11. NAME OF HOSPITAL, NURSING HEADT HOUGH FACILITY GIVES TEET A BALTIMORE CITY		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
130	UAL RESIDENCE (IF NUI OME OR STATE Md.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE, NTY 134 CITY OR TOWN TURNET St	ADMISSION) Lation 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Pittsb	ury Ave.
1	FATHER'S NAME James	Jackson LAST	Jessie	WE	LAST
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	RMED FORCES? 166 SOCIAL SECUR (E WAR OR DATES) 224–34–7		ckson 712 New Pi	ttsbury Ave.
		nly one couse per line for (o), (b), and ED BY- TE CAUSE (o) CARDIO	PULMONARY P	FRREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1629	DUE TO, OR AS A CONSEQUEN	NCE OF		111111111111111111111111111111111111111
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN		CARCINOMA	
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 10
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive on	ot) view the body ofter death.	, and that in (my) (our) opinion	, to	9, that (1) (we) lost and from the causes stated
E He	22b. SIGNATURE Cori	l Parker	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN	22c. DATE SIGNED.
7	22d. PHYSICIAN'S NAME (TYPE O	DADY D	220 ADDRESS BAL	TIMORE CITY	HOSPITAL
630.	BURIAL, CREMATION, REMOVAL (SPECERY) Burial	23b. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE



-1	1 1	tem 3 G 547 9/2	23/80 GB		MARYLAND			
	1.	STATE REGISTRAR	DI		TH AND MENTAL HYO	0 0		8 0 0
		CEASED NAME FIRST	WIDDLE	LAST		REG. N	O. MONTH DAY YEA	R 2b HOUR
oge 3 death	(TYPE	James	B,	Jack	SON		9-17-8	0 11 TM
after o	3 SE		4. RACE	S. DATE OF BI	18 23	6 AGE (IN YEARS LAST BIRT	MONTHS D	YEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8	1		PR COUNTY OF DEATH	Н
33		Md.	USA	WIDOWED	NEVER MARRIED	Ba Hi	more_	City MD.
1 Hered	10. C	Ba Ho,	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR O VE STREET ADDRESS!	P .	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		
35		AL RESIDENCE IF NURSING HOME OF			INSIDE CITY LIMITS?	13e STREET ADDRESS	Colborn	e Rd.
300	14. FA	THER'S NAME	MIDDLE	IST KCAIA	MOTHER'S MAIDEN NA	WE	R.	LAST,
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	AL SECURITY NO. 17.	INFORMANT	ADDRE	iss .	gby
e medica		ves w	WII 217-	-26-1075	Elsie	Jackson	4017 Col.	borne Rd.
aval.		PART I. DEATH WAS CAUSE	ED BY			L	APP BETW	PROXIMATE INTERVAL FEEN ONSET AND DEATH
r rem		IMMEDIA		io pulmos	rany and	rest		
atian, ar Iraumatic	- 1	Canditians, if any, which	DUE TO, OR AS A COM	SEQUENCE OF	premo	W. ' A.		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	ISEQUENCE OF				
ar other		underlying cause last	(c)					
mjury.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NO	RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(a)
up ,	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	which operation w	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
orts -	ERTI	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	210	HOW IN ILIPY OCCUP	YES NO NO RED (ENTER NATURE OF INJUR	YES 🗆	NO 🗆
ar Hem 18 sh		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	TH DAY YEAR		KED TENTER PRIORE OF 1990	TINIEM ID, PART I OR PART	2)
ä	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		LOCATION STREET	CITY OR TOV		
arked	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY ON TOV	AN COUNTA	STATE
is mo		22a I certify that (1) (this haspi				, to		, that (I) (we) last
m 21			t view the bady after death			death accurred on the de		
If he		22b. SIGNATURE		DEG	ATTENDING	_ MEDICAL STAF	FF	ATE SIGNED
Z ·		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	1226	PHYSICIAN [DIRECTOR PHYSIC	IAN	
MPORTANT			ANAGOOL		Luthe	van Koep	ital	
with the State E	23a E	BURIAL, CREMATION, REMOVAL SPECIFY)		23c NAME OF CEME	TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	9/22/80	Meadowrid		Laurel,	Md.	
50M 1/76		UNERAL DIRECTOR	1101 15,000	North Ave	25a. DAT	FPT 7 1980	25b. RESUSTRAD'S SIC	Helicandy



	STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 8 0 1										
										0 1	
	Ι'.	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
TRA /		CEASED NAME FIRST								2b HOUR	
e e e e e e e e e e e e e e e e e e e	[TYP	- Tear	To the	E	1	Ackson Sent		mber 27-1950 1/30AM			
d d a	3. 50	X	4 RACE		5 DATE C		AGE LIN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS	
rector	18 remale			DLACK 8 NONTH			76 YRS. MONTHS DAYS HOURS MIN.				
P. P		IRTHPLACE STATE OR FOREIGN OUNTRY)				NEVER MARRIED	9 BALLIMORE CITYO	OF DEATH	M) 1		
deor deor		VA	USA widow			DIVORCED [INA/TI	mon	e (1)	TG MD	
by the filed with	100	Altmore	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PROVIDENT HOSPIT?				120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		12b. KIND C INDUSTRY	OF MUSINESS OR	
212	USU 13n	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, C			1134 INICIDE CITY I INVITED	In CARCEA PROPERTY				
MARYLAND ed within 24 mpletely fillec and 2 should		MD	OUNTY Paltimon			136 INSIDE CITY LIMITS? 136. STREET ADDRESS 3828 Be			lle Aven_e		
RYL.	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE				
Comple		Charles	Model.	Ward		Nannie			T. Car		
RE, les 1		VAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	55			
BALTIMORE, cote be execut yisican and copers. Pages 1 wal.		No	, () () ()	218-52	-3470	Florine R	andall 382	28 Be.	lle Av	Je.	
SALI ore b sicno ppers		18 CAUSE OF DEATH (Enter or	nly one couse per l	e for (0 , (b , or		1				IMATE INTERVAL ONSET AND DEATH	
T., BAI		PART I, DEATH WAS CAUSE	TE CAUSE 10	Urdios	Oce/m	onary H	riest				
ON S dring orbo		4289 DUE TO, OR ASA CONSEQUENCE OF 2									
deat deat		Conditions, if any, which	((b)	Cara	luc	Jaclur	C				
the of the cemore and		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQU	IENICE OS						
hot by ose oth		underlying couse lost	(6)	A3 A CONSECO	DEIVEE OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN. The low requires that the death certificate this certificate has been signed by the ottending physician. Then please remove carbon part he build-transit permit. Then please remove carbon permit and Mental Hygiene prior to burial, cremation, or removed are them 18 shows ony injury, or other traumatic every orked or them.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
RDS on significant	ON O										
ECO ow ow ow	3	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH	H OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
ALR he I ion. has r pe iene	CERTIFICATION						YES NO	YES		NO [
VII. Taysic toole rooms Hyg	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY 1. MONTH D	VEAD	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	RT 1 OR PART 2)		
SICIA ng pl certif certif indi-t	CAL	OR CONTRIBUTING CAUSE OF DEA			19						
HYS or his of his of his of hor his of hor his of hor his of hor his or	MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY ET, FACTORY, OFFICE,	Sapa STC)	21f LOCATION	CITY OR TOW	/N	COUNTY	STATE	
IVIS JG F orthe ter t hone	2	WHILE NOT WHILE AT WORK	(ATTIOME, STREET	II, FACTORT, OFFICE,	PARM, EIC.)	V.N.E.	CITTONION		COUNT	SIAIE	
ADJIN LOUSE OF SERVICE		22a. I certify that (I) (this hospi		deceased from.	Jepi	2) 19 80	, to	. 1	9	that (I) (we) lost	
TTE Spito for of F		sow the deceased alive on above, (1) (we) (did) (did, no	of view the body of	tter death	on on	d that in (my) (our) opinion	death accurred on the do	ite and hour	ond from the	couses stated	
OR A DIREC		226. SIGNATURE				DEGREE	No. Harris		IN DATE	SIGNED	
AAL The Tri		Fine	annu	1, M	00	ATTENDING PHYSICIAN	MEDICAL STAF		14/2	2/80	
NER DE SPIT	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS	THE PROPERTY.		1	1	
O HOSPIT etained by TO FUNER, should be with the Str		VIIIa nuell	IA. K						, ,		
1 5 5 5 4 3 3	230	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION									
4/0 BP		Burial	10/3/80 Church Cem.				Glouchester VA				
DHMH - 16 60M 1/75	24. F	UNERAL DIRECTOR			77	250. DA	TE REC'D. BY REGISTRAR	25b. REGISTA	AR'S SANTE	ready	
(VR A 15 (4))	Wn	NAME. March F	/H 110	1 E. N	lorth	Ave. or	p 2.9 1980	1	/		

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Cem.

STATE OF MARYLAND	
1- FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 0 2
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(TYPE OR PRINT) OF ESTI-	10 00
3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE MONTH DAY	YEAR 2d HOU
MONTHS DATS HOURS MIN PROTOCOL	19 80 a A
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF D	DEATH
Georgia USA WIDOWED DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1/2)6. KIN	М
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	ND OF BUSINESS R INDUSTRY
Baltimore City 207 Allendale Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13c. STREET ADDRESS	100
14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	LAST
George Jackson Mattie Rainwate	
168. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 169. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
No 217 05 3441A Earlene Essie Jackson 207 Alle	endale St
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	PPROXIMATE INTERVAL VEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	
gave rise to immediate (b)	
couse (a) stating the <u>under-</u> <u>lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. A 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	AUTOPSY?
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 210. PLACE OF INJURY (AT HOME, STREET) 211. LOCATION STREET 212. Location Street Conversed 213. Location Street Conversed 214. Location Street Conversed 215. Location Street Conversed 216. Location Street Conversed 217. Location Street Conversed 218. Location Street Conversed 219. Location Street Conversed 229. Location Street Conversed	YES NO T
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WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
22a Certify that took phase of the remains of the data and Autapsy Inspection Inspection	-
death resulted from: Natural course X Academ D, Austral D, Homicide D, Undetermined manner D,	
TITLE (SPECIFY)	
ACTUAL DATE	9/8/80
signature m.d)eputy Chiefmedical examiner signed	3/0/00
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD.	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY	STATE
Burial 9 11 80 Cedar Hill Cem. A. A. CO.	
24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 25 EGISTRAR 27 PONAT	URE
Brown Thompson PA 1913 W. Baltimore St. SEP 9 1980	

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1101 EADORE North Ave.

1 - STATE

REGISTRAR

24 FUNERAL DIRECTOR

March F/H

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

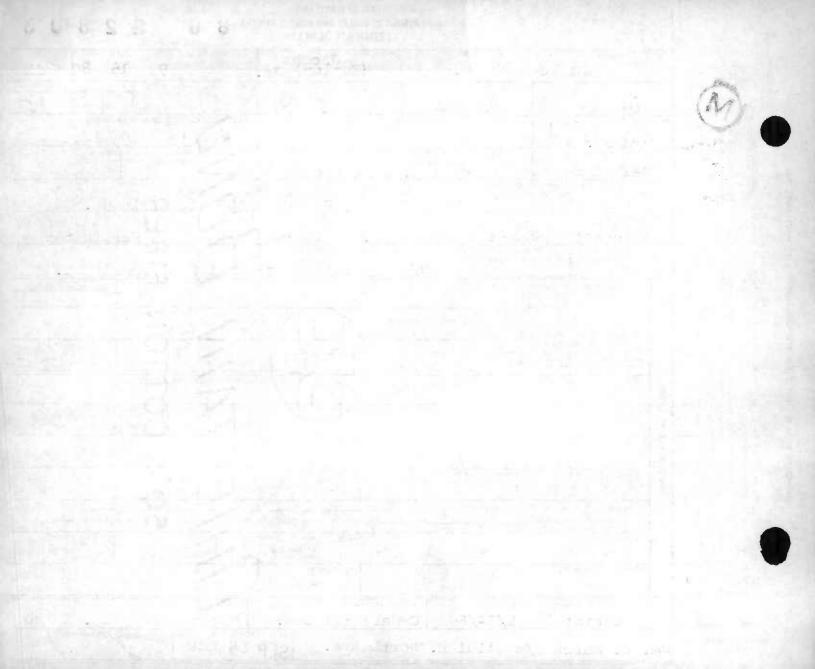
CERTIFICATE OF DEATH

REG. NO.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SICH PATURE

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Elime Funeral Home Reisterstown, Md. 21136

FOR

REGISTRAR

24 FUNERAL DIRECTOR

1 DECEASED NAME

- STATE

BP.

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

YEAR

DAYS

80

INDUSTRY

YES [

250 DATE REC'D. BY REGISTRAR 256. RESTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

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IF UNDER 1 YEAR

26 HOUR

MOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

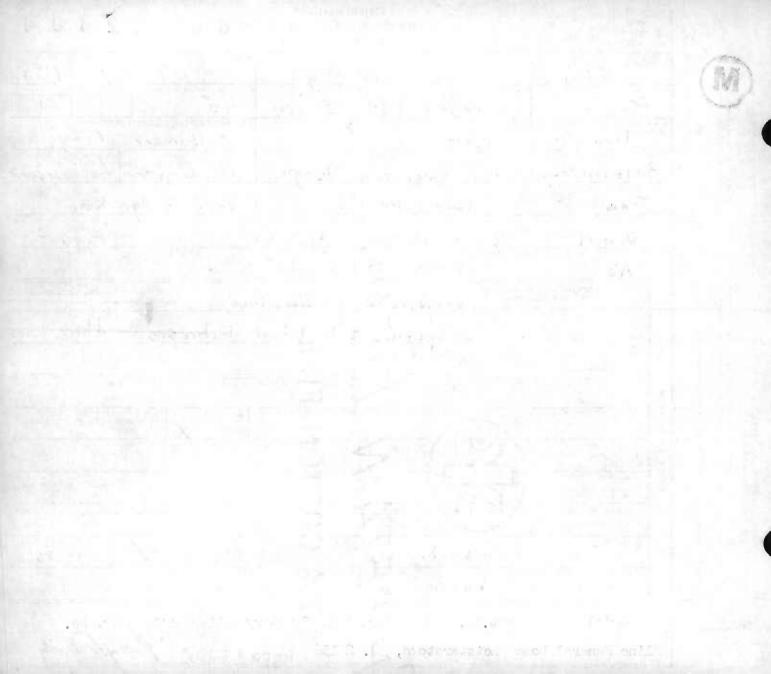
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STATE

IF UNDER 24 HR

20 DATE OF DEATH



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ge 4		3. SE	Male		whit	e	S. DATE C	29, DAY 192T	58		RS.	DAYS H	OURS MIN.
deoth. Po	Pin 72 m	M	RTHPLACE (STATE OR COUNTRY)		US		WIDOWE		Balt	recity or cou	City		MD.
201	filed with	a1		ity/	Univ.	Me TO	T. Hosp	other institution	TYPE OF WOR	OCCUPATION K FOR MOST OF WORK nteance	ING LIFEL INDU	STRY	SUSINESS OR
LAND 21	y filled in should be	Ma Ma	AL RESIDENCE (IF NURS	Kent	HER INSTITUTION	13c. CITY OR	TOWN	134 INSIDE CITY LIMITS?	13e. STREET	Libe	rty Si		
E, MARYI	completely s 1 and 2 sh		THER'S NAME FIRST Reub		Jama				ouise	Usilto	n	LAST	
TIMORE be exect	s. Poges		VAS DECEASED EVER (ES, NO OR UNKNOWN) YES	WW 2			4 4244	Richard 1	F. Jama	ar Rock			
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DIVISION OF VITAL RECORDS, 21 NG PHYSICIAN: The low requires	has been signed permit. Then ples ene prior to burio burio to burio burio to burio buri	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO THE TER	20a AUTC	DPSY? / 201	IF YES, WERE F ERTIFYING CA	INDING:	DEATH?
SION OF VITAL	physicic trificote I-tronsit of Hygie m 18 sho	MEDICAL CERT	21s. ACCIDENT WAS UNI	CAUSE OF DEATH CAL EXAMINER)	P	.M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	YES	TURE OF INJURY IN ITE	YES M IS PART TOR PA		ио 🗌
DIVISION ENDING PHY	After this cer e as the burio olth and Ment marked or Itel	MED	21d. INJURY OCCUR	RK .	(AT HOME ST	OF INJURY		21f. LOCATION STREET	23	CITY OR TOWN	COUN		STATE
A F	RECTOR: Judge To the sept. of Health		22a I certify that (I) sow the decease above (I) (we) 22b. SIGNATURE			11-1-	19 <u>80</u> , or	17	, to, to	d on the date and		, , , , , ,	(I) (we) lost uses stated
OITAL OR	by the ERAL DI e detocl State D		22d PHYSICIAN'S N	AME / LYPE OR PI	1/	ue of	La	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN		9/2	0/80
TO HOSPITAL		720 4	SCO SURIAL, CREMATION,	TT	-	LOMAN		- 11	GENE S		IN. HOS	1.	2/1201
	BP	E	specify) Surial		9/23/			er Cemeter	cy Che	or town esterto			STATE
	H- 16 30M 2/80 (VRA 15, 4)	24.51	NERAL DIRECTOR	Phist	Vell	s Che	Stertov	vn, Md. 250.D	EP241	980 Z	SIRAR'S SIC	MATUR	ady

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701	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	2 2 3 0 6
	DECEASED NAME FIRST THE OR PRINT) DAUI	WIDDLE	JAMES	20. DATE OF DEATH M	9 2 80 2 10 PM
ector, poor	Male	w hite	5. DATE OF BIRTH MONTH DAY YEAR 4 09 18	6. AGE IN YEARS LAST BIRTHE	DAY) FUNDER LYEAR FUNDER 24 HRS
THE SOL	BIRTHPLACE (STATE OR FOREIGN COUNTRY) orth Carolina		MARRIED ANEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR	COUNTY OF DEATH
1	BALTIMORE	ARE NOT BY SHOW EACHITY GIVE STREET	ADDRESS) (TAN HOSPITAL.	126 USUAL OCCUPATION OF WORK FOR MOST OF THE PLANT FOR	NORKING LIFE) 170. KIND OF BUSINESS OR INDUSTRY POOD
33	MD Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOV .timore 21204	VN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	KEITH BLVD
030	Sammuel	M. James	Bertha	MIDDLE	Alspaugh
2 Ledico	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Yes W. W	E WAR OR DATES	5889 Blanche B.	James Tows	son, Md. 21204
, cremotion, or removal	Conditions, if ony, which gove rise to immediate couse (o), storing the	TE CAUSE (0) CARDIO	RESPIRATORY F ENCE OF THE LU	NG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 9 Months
7, 0			DEATH BUT NOT RELATED TO THE TER/		
18 shows ony injur	190 DATE OF OPERATION		OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
d or Item 18 s	OR CONTRIBUTION COLOR	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RRED JENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
morkedo	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
21 is mo	sow the deceased alive a	ortal) attended the deceased from n 9 2 . 19 S	ond that in (my) (our) opinion	, to 9 3 2 deoth occurred on the dot	e ond hour and from the couses stated
# He	226 SIGNATURE offeder	Ws.		MEDICAL STAFF DIRECTOR PHYSICIA	an 9 2.80
With the Stot	276 PHYSICIAN'S NAME ITYPE AYE L	ORPRINT) WIN	GOOD S	AMARITA	N HOSPITAL.
23	BURIAL, CREMATION, REMOVA (SPECIFY) Chtombment		NAME OF CEMETERY OR CREMATORY Moreland Mem. P	23d. LOCATION	COUNTY STATE
6 20M	FUNERAL DIRECTOR	ADDRESS	ch Raven Blvd	TE REC'D. BY REGISTRAR 2	ST. REGISTRAR'S SIGNATURE

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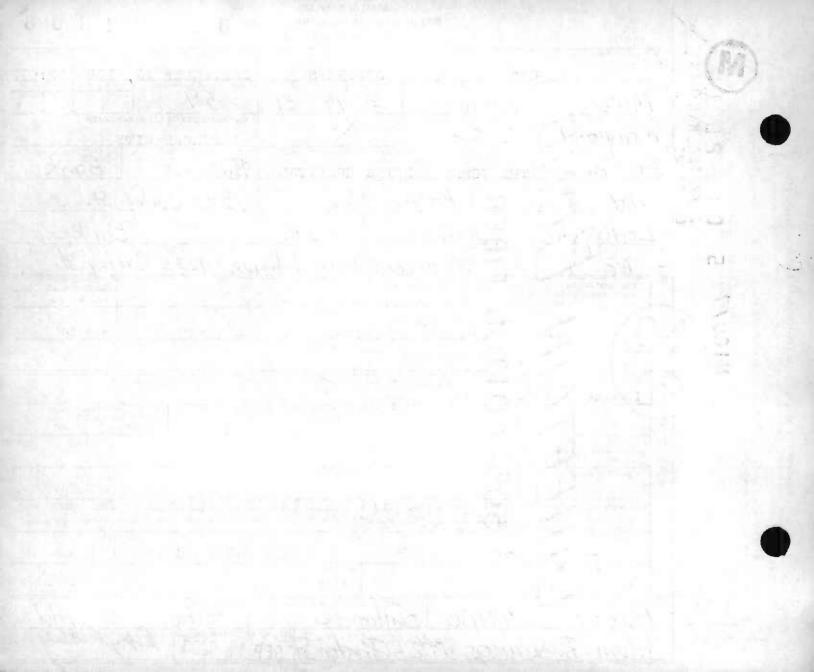
ALFLINGE CITY

BALTI 1031 HONDIN MENORIAL HOSPITAL

WILDER ENDYEND HOSTIN

SEP 3 O MASO MESSENIMENTS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH 1. DECEASED NAME MONTH DAY YEAR 26. HOUR TYPE OR PRINT! MAROUIS TEFFRIES SEPTEMBER 980 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MR 21 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR THE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTR YLAND 21201 JOHNS HOPKINS ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRES NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ADDRESS 166 SOCIAL SECURITY NO. 186 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT YES, NO OR WIKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIO SULMONARU 1207 Pm IMMEDIATE CAUSE (o)_ DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF MASSINE CEREBRAL MASCULAR ACCIDENT Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 Incremed Intra cranient Crassure pri pri 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES M NO M YES X NO 9 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY 30 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 80 22a. | certify that (1) (this haspital) attended the deceased from 40 sow the deceased alive on, ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING Christme MEDICAL STAFF 9/13/80 DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b North Broadwar JHH 601 SEIDMAN mo 230. BUBIAD CREMATION, REMOVAL 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY COUNTY 250 DATE REC'D. BY REGISTRAR 254 PER STRAR'S 5 DHMH-16 30M 2/B0 (VRA 15, 4)



Inc. 6415 Belair Rd

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

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	1.	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI CATE OF DEATH	REG. NO	2 2	8 1 1
3 - 25		CEASED NAME BURY B	Boy Jenn		ST	20. DATE OF DEATH	MONTH DAY YE	26. HOUR
M	3. SE	×M 1.1	RACE B	5 DATE O	F BIRTH 9/26/SO YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN
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filled in nould be	13a S	AL RESIDENCE IF NURSING HOME OR OTH STATE 136 COUNTY	13c 27Y OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	2282 Eu	tan PL
makyt.	14 F/	ATHER'S NAME FIRST MID OF B	Jenni	rc _t S	15. MOTHER'S MAIDEN NAM FIRST Vanpssa	AE MIDDLE	Dean	LAST
be execution and co		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		ECURITY NO.	17 INFORMANT	ADDRE	SS	
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on w. PRE: that the dead the of by the of lease removial, cremotion or other tro		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSI		cervix of su	b) oct's met	her.	
RDS, 20 equires n signer Then pl r to buri	NO	PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PAI	RT I(a)
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO [
ON OF VITAL RIVER ON OF VITAL RIVER OF VI		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18, PART 1 OR PAR	स 2)
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₽₽ 2 % ¥ ¥	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME Baltimore Cit	y Hospitals	5	25a. DATE	ICT 2 ISB	756. REGISTRAR'S SIG	SNATURE

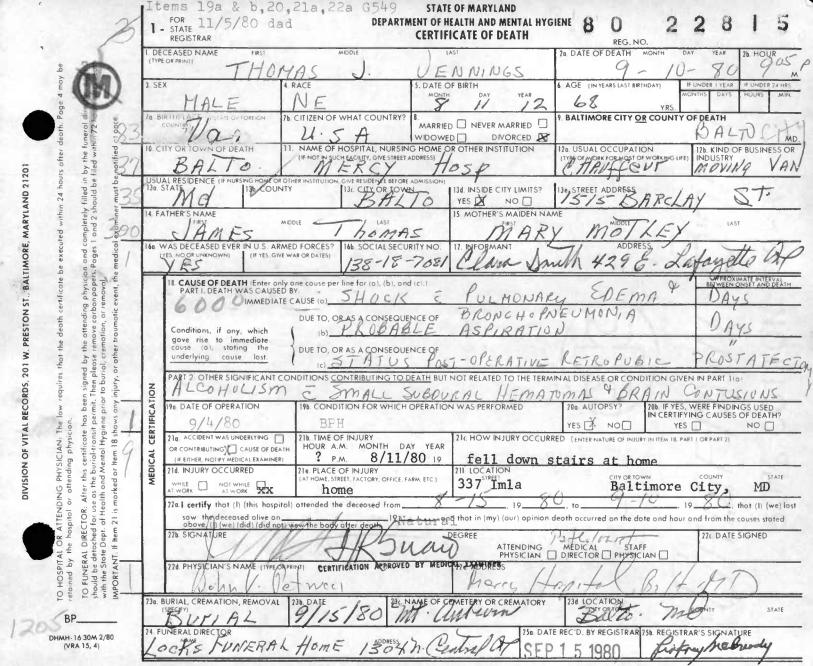
	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	IYGIENE 8 0	2	2 8	1 2
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Her d	3. SE	x	4 RACE		5. DATE O	BIRTH YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
~		F	В		1	18 11	69	YRS	DATS	HOURS MIN.
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ad Bo	USU 13a. :	AL RESIDENCE (IF NURSING HOM STATE 136 CC	e or other institution DUNTY	130. CITY OR TOW!	N	131 INSIDE CITY LIMITS	? 13e. STREET ADDRESS 2201 E. E	ager S	t.	
6 300		ATHER'S NAME FIRST William	WIDDIE	Jennings	5	15 MOTHER'S MAIDEN FIRST Cordy	N AME MIDDLE	Jenn	LAST	(
Byges	160 \	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRE	SS		
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ife has been signed b sit permit. Then pleas rgiene prior to burial. shows any injury, or o	CERTIFICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D	DEATH BUT I	OT RELATED TO THE TE	RMINAL DISEASE OR CON 200 AUTOPSY? YES NOTO	20b. IF YES, V	WERE FINDIN	IGS USED
Acrimicole burgi fransit Mental Hygin ar frem 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	DF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCC				
olth and Me marked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
for us of He 21 is		22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 3	19 8	1	that in (my) (our) opini	on death occurred on the de	te and hour o		that (I) (we) lost
e detoched State Dept.		22b. SIGNATURE	beben	3	D	EGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	6/80
TO FUNERAL Should be deto with the State I		PILLYPRY	PE OR PRINT) SIEV	sens		J. H. H	Baltimare	MD		
<u> </u>		BURIAL, CREMATION, REMOV SPECIFY) Burial	AL 236. DATE 9/22/			METERY OR CREMATOR	Baltimor	e, Md.	COUNTY	STATE
-16 30M 2/80 RA 15, 4)	24 F	JNERAL DIRECTOR Win C March 1	F/H	1101 E.	North	Ave. CF	P 1 7 1980	25h EGISTRA	R'S SIGNATU	JRE

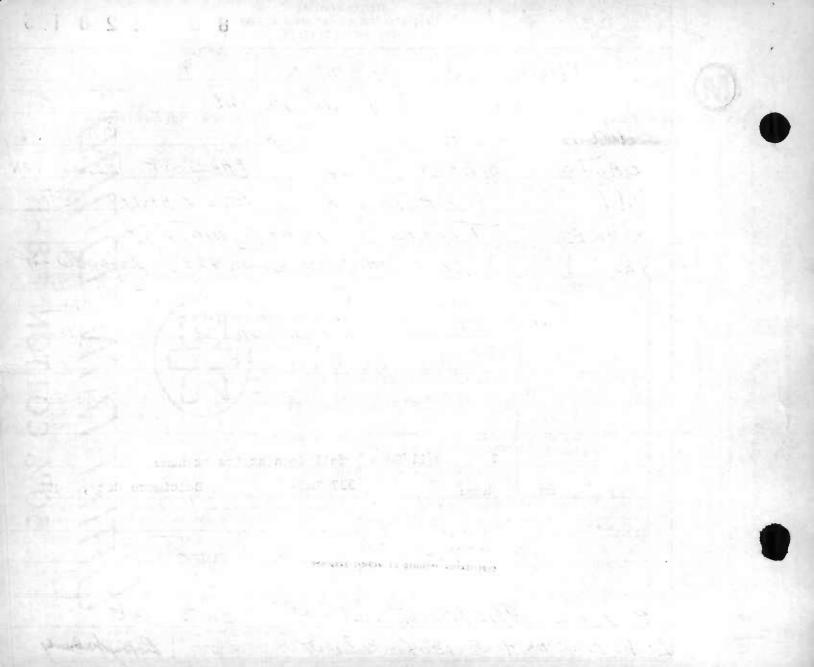
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		-	1	The second				STAT	E OF MARYLAND				
2		3	1.	FOR STATE REGISTRAR			DE		HEALTH AND MENTAL HY	YGIENE 8 O	2	2 8	14
	-			CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	BAN		(1100	K (KINI)	VLE		0	JE	UNINGS		91	7 80	7 4
	(IVI)		3 SE	х	4	RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST	in the second	IF UNDER I YEAR	
	ge ge			MALE		WHI	TE	Ser		34	YRS.	MONTHS DAYS	HOURS MIN
	Po ldir	ė ,		RTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF	WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	deoth unerg	9	L	U. VIRGINII		0,5	A.	WIDOW			MORE	CITY	MD.
	he fu	pe d	10 C	ITY OR TOWN OF DEATH	1 11	. NAME OF I		URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	ATION TOF WORKING LIFE		OF BUSINESS OR
201	by t	103	6	ALTIMORE		CI	TYF	OSPITA	_	CARPEN	TER		STRUCTION
21:	hou hou	do -	13a :	AL RESIDENCE (IF NURSING	HONE OR OTH	HER INSTITUTION	130 CITY O		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S		
BALTIMORE, MARYLAND	n 24 fille houle	£10		MARYLAND	~		BALT	IMORE	YES NO	3022 E.	FAYETT	E ST.	
RYL	withi letely d 2 s	Bine	14 F/	THER'S NAME	MIDI	DLE ,	LA	ST	15. MOTHER'S MAIDEN N	IAME MIDDLE		2 11	AST
WA	par long	×e		HOBART		J	ENNIA	•	BELLE			GROS	E
ORE,	xecu nd co	medical		VAS DECEASED EVER IN	U.S. ARME			L SECURITY NO.	,,	+(-)	RESS	A 41	
TIM	be e	E		No	-	-	234-	68-0282	LINDADUNN	JENNINGS	SAM	EAS# 13	3
BAL	Sign of the special states	# # *		18 CAUSE OF DEATH	Enter only	ane cause per	line ona,	(b), and (c) •	a. 1.			BETWEEN	XIMATE INTERVAL
	A da da	ever ever			MEDIATE C		Ca	rdiac	arrest				
PRESTON ST.,	th conding	potic		4375		DUE TO, O	RASACON	SEQUENCE OF					
EST	deo deo otte	To or		Conditions if any, v		(b)							
	the the	ner 1			the '	DUE TO, O	R AS A CON	SEQUENCE OF					
201 W	that d by	or of		underlying cause	last	(c)							
	signe hen p	מיאיי	z	PART 2 OTHER SIGNIF	ICANT COM	NDITIONS CO	ONTRIBUTIN	G TO DEATH BU	NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIV	EN IN PART 1	la
ORE	red een		CERTIFICATION	19a DATE OF OPERATION	NI.	Time COND	ITION FOR	VHICH OPERATION	ON WAS PERFORMED	20a AUTO SY?	Jan IE VEC	, WERE FINDI	NCC 11250
REC	n low or no serm	ws or	FICA	178 DATE OF OPERATE	714	198 COND	ITION FOR V	VHICH OPERATIO	IN WAS PERFORMED		IN CERTIF	YING CAUSES	S OF DEATH?
TAL	The H	18 sho	E	21g. ACCIDENT WAS UNDER	IYING []	21b. TIME O	E IN HIRY		21c HOW INJURY OCCU	YES NO	YES		NO 🗍
7 5	Physical Physical	0 m		OR CONTRIBUTING CAL	SE OF DEATH		M. MONT	H DAY YEAR	THE HOW HASOKI OCCC	TAKED TENTER NATURE OF IN	JURY IN HEM IB, P	ART (OR PART 2)	
N	YSIC Ing Ing	L Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL E		P. 21e. PLACE		19	21f LOCATION				
DIVISION OF VITAL RECORDS,	PH tend	ed o	ME	WHILE (T) NOT WHILE				OFFICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
D D	Afte e os	and Arack		22a.1 certify that (I) (th		asserded sh		L	10			10	4 - 4 - 4 - 1 - 1 - 4
	TEN OR:	list		saw the deceased	alive an				nd that in (my) (aur) apinia	n death accurred an the			that (I) (we) last
	AT Nospi	em 2		abave, (1) (we) (did 22b. SIGNATURE) (did nat) v	iew the bady	after death.		DEGREE		date and noo		BIGNED
	the h			711	17	Marin	ohin	no		MEDICAL ST	AFF \		17/80
	SPITA I by VERA be de	NA		22 PHYSICIAN'S NAM	E LTYPE OR PR	INT	-	100)	220 ADDRESS	DIRECTOR PHY	ICIAN		7180
	FO HOSP TO FUNE	MPORTANT:		RICHAN		0 0	10111	y M.D.					
1/	TO FUN should be	M W	730	SURIAL, CREMATION, RE		23b DATE	000.		EMETERY OR CREMATORY	23d. LOCATION			
10	0		230. (SPECIEVI	MOVAL	9/21	180			BLUEWEL.	m.	COUNTY	STATE
	BP		24 FI	BURIAL		1/02/	100		1018 PARK 250 D	ATE REC'D. BY REGISTRA		RACER RAR'S SIGNA	W, VA,
į.	OHMH - 16 60M 1, (VR A 15 (4))	75		INERAL DIRECTBARN NAME FLEMING FL	TALFA	41 5	ADDR		NSON, IND, SE		trat	ray/hel	rudy
				r LEIIIIII GIL	1100101		-11-	100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I CA OF BUILD	- 4		,

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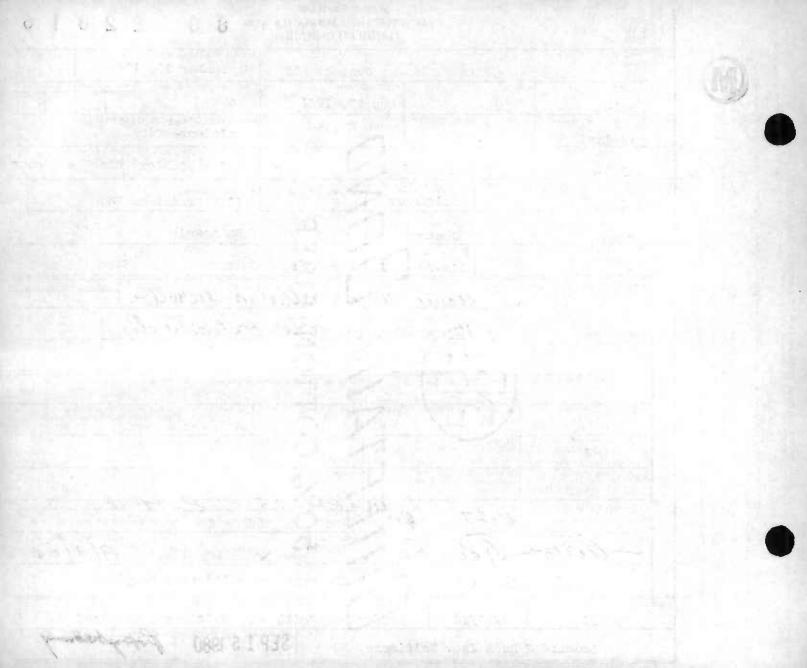
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24. FUNERAL DIRECTOR

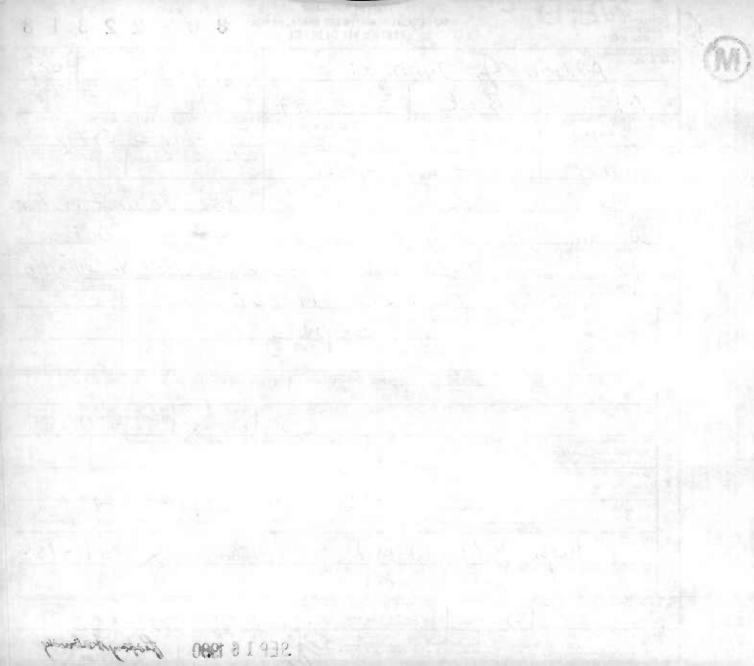
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	2 2 8 2 0
BUX /		CEASED NAME FIRST	WIOOFE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
MA		Daby	Girl Johnso	7		9-3-80 5:05 A
	3. SE	F	4. RACE B	5. DATE OF BIRTH MONTH DAY YEAR 9 - / - 80	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
1 Suce		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	0 11.	RCOUNTY OF DEATH
Stiffed	10 C	altimore City	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON 126. KIND OF BUSINESS O
must be	USU	AL RESIDENCE (IF NURSING HOME OF TATE 13b, COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION	130. STREET ADDRESS	Parting the
niner	14. Fz	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
E OC		James	marga	1 Cynthia	R.	Johnson
edicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	
a /		NO		mother-1	202 Kiggs Ac	re, Battimore, md 213
t, th		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
e ve			TE CAUSE (0) interna	1 bleeding		le hour
afic		7651	DUE TO, OR AS A CONSEQUE	INCE OF		
un.		Conditions, if any, which	((b) premat	urity		2 days
other tre		gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
ılury, ar	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
ouy in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	E		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
Sw of	- 04	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
		OR CONTRIBUTING CAUSE OF DE	110			
Hem 18		OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M.	19 211 LOCATION		
8	MEDICAL CE	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	110	19 211 LOCATION	City OR TO	wn COUNTY STATE
Hem 18		(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET Sept 1 19 80		84
Hem 18		(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) This hasp	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET SEPT 19 80	to Sept	84
Hem 18		(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) This hasp	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET SEPT 19 80	to Sept	3, 19 80, that (I) (we) !
: If them 21 is marked or them 18		IF EITHER NOTHY MEDICAL EXAMINED 21d. IN JURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 22a I certify that (1) This hosp sow the deceased alive or obove, (1) (we) Gid (d) (did no	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET Sept 1, 19 80 Gond that in (my) (our) opinion DEGREE ATTENDING	deoth occurred on the do	that (I) (we) light and hour and from the couses stated
: If Item 21 is marked or Item 18		IF EITHER NOTHY MEDICAL EXAMINED 21d. IN JURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 22a I certify that (1) This hosp sow the deceased alive or obove, (1) (we) Gid (d) (did no	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET Sept 1 19 80 Ond that in (my) (our) opinion DEGREE	deoth occurred on the do	the ond hour and from the couses stated 22c. DATE SIGNED
: If them 21 is marked or them 18		18 EITHER NOTHY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE AT WORK 22d. I certify that (1) this hosp sow the deceased alive or obove, (1) (we) Glid) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITYPE (2)	P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F ital ottended the deceosed from Sept 3 19 ott view the body ofter death. PRINTI	211 LOCATION STREET 211 LOCATION STREET Dond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death occurred on the do	ote and hour and from the couses stated 22c. DATE SIGNED 9-3-80
: If Hem 21 is marked ar Hem 18	MEDICAL	CHE EITHER NOTHY MEDICAL EXAMINED	P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F SEPT 3 19 11 view the body ofter death. PRINT)	211 LOCATION STREET Sept 1 19 80 Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS Dept. of Pa	MEDICAL STAF DIRECTOR PHYSIC	the and hour and from the couses stated 22c. DATE SIGNED
Hem 18	MEDICAL	IF EITHER NOTHY MEDICAL EXAMINES 21d, INJURY OCCURRED WHILE	P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F SEPT 3 19 11 view the body ofter death. PRINT)	211 LOCATION STREET 211 LOCATION STREET Dond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death occurred on the do	ote and hour and from the couses stated 22c. DATE SIGNED 9-3-80

Lavona 10/16/80 Dalte., M. Anatony Loand

		STATE REGISTRAR		DEPARTM	CERTIF	EALTH AND MENTAL H	rGIENE 8) 2 REG. NO.	28	2
1		EASED NAME FIRST BLANK	MIDD	DLE		HNSON	20 DATE OF D	EATH MONTH	30 1980	2 : 50p
度)	3. SEX		4 RACE	1000	5 DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER LYEAR	FUNDER 24 HRS
1		Male	Black	1775	3	7 08	72	YRS	MONTHS DATS	NOOKS MILE
00		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 AAAPDIEI	NEVER MARRIED *	9 BALTIMOR	CITY OR COUNT	Y OF DEATH	
入り		Md.	US	1	WIDOWE			. City		M
39	IO CIT	YOR TOWN OF DEATH Balto.	(IF NOT IN SUCH FA	SPITAL, NURSING CILITY, GIVE STREET ALL ENT HOSP	DDRESS)	OR OTHER INSTITUTION	12a USUAL O		126 KIND OF INDUSTRY	
35	⊌SUA 13a. ST	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE		DMISSION)	13d INSIDE CITY LIMITS?		DDRESS Light St		
80	I4 FAT	HER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN P		MIDDLE	LAST	
1	JYE	AS DECEASED EVER IN U.S. AR. (IF YES, GIVE	WAR OR DATES)	SOCIAL SECUR		17 INFORMANT		ADDRESS		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line D BY: E CAUSE (o)	gor (a), (b), and	Les.	iratory	anut		BETWEEN ON	TE INTERVAL SET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the	(b)	S A CONSEQUEN	reu	moena			72	ays .
injury, or on		underlying couse last. PART 2 OTHER SIGNIFICANT C	CONDITIONS CONT	RIBUTING TO DE	ATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE	acrilsus DR CONDITION G	IVEN IN PART 110	
0	CERTIFICATION	9a DATE OF OPERATION	196 CONDITIO	n for which c	PERATIO	N WAS PERFORMED	200 AUTOP	IN CERT	ES, WERE FINDING IFYING CAUSES O YES [S USED F DEATH?
9	~	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF IN HOUR A.M. P.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCU	JRRED JENTER NATU	RE OF INJURY IN ITEM 18	, PART 1 OR PART 2)	
	¥	WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	(ITY OR TOWN	COUNTY	STATE
ZI is morked		220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no	Sentenha	30 195	- A	d that in (my) (aur) opinion		on the date and ha	, , , , , , , , , , , , , , , , , , , ,	ot (I) we lost uses stated
T: # #ea		22b. SIGNATURE	Oa	MO	(DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	9-36	GNED 7-20
IMPORTANT: #		22d. PHYSICIAN'S NAME (TYPE O				PEOVIOZ	out h	55PITAL		
3	23a. BL (SF	RIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 10/3/8		AME OF C	EMETERY OR CREMATOR	23d. LOCAT	ON OWN	COUNTY	STATE
		NERAL DIRECTOR NAME natomy Board	Ba.	ADDRESS		ÖC	TI 4 1980	ISTRAIL MEG	y No Com	4

Ealto. | Provident form.

Apaltony Books, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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• >	7	See.
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+	1-	FOR STATE REGISTRAR			ERTIFICATE	AND MENTAL HYG OF DEATH	IENE 8 0	2 2	3 8	2 2
		CEASED NAME David G		JOHNSO	N LAST		20 DATE OF DEATH September	20, 198	OYEAR	26 HOUR 11:43A
	3 SE		Black		DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	YRS	THS DAYS	IF UNDER 24 HRS HOURS MIN
5	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Cyland	USA	1	MARRIED 🔼 NE	EVER MARRIED DIVORCED	Baltim	ore City		MD.
C		Balto.	945 Be	ospital, nursing h facility, give street addi thune Roa	d	r institution	120 USUAL OCCUPAT	ION	12b KIND O	F BUSINESS OR
5	130 9	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU		Balto.	13d INS		13e STREET ADDRESS 945 Bethu		1	
00		Stephen	MIDDLE	ohnson		THER'S MAIDEN NAMER STREET Alice	MIDDLE	Queen	LAS	T
1		VAS DECEASED EVER IN U.S. A res, no or unknown) (if yes, gr No	VE WAR OR DATES)	166 SOCIAL SECURITY 215 16 234		ormant I ora John s	addr son 945 Be		oad	MATE INTERVAL DISET AND DEATH
	7	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUENC	structiv	re and emp	hysematous		sease	many /years
2	CERTIFICATION	None— — — — 190 date of operation NA	196. CONDIT	ION FOR WHICH OP	ERATION WAS F	PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE ETHER, NOTIFY MEDICAL EXAMINEI 21d. INJURY OCCURRED WHILE NOT WHILE	P.A.	MONTH DAY	YEAR 19 211. LO	OW INJURY OCCURE	CITY OR TO		COUNTY	STATE
		220.1 certify that (I) Allows sow the deceased alive or obove, (I) Allows and (I) (I) and (I) are the control of the control o	SHOW attended the n Sep 20	deceased from Dec	9,	, 19 <mark>76</mark> n (m) (our) opinion	to Sep 20	dote and hour or	80 nd from the	that (I) (we) lost
		226. SIGNATURE Charles	WK	nzer	DEGREE	ATTENDING	MEDICAL STA		220. DATE Sep 2	0, 1980

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is

230 BURIAL, CREMATION, REMOVAL Burial 9 24 1 980 24. FUNERAL DIRECTOR

23b. DATE

Charles W. Kinzer, M. D.

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OR TOWN

CITY OR TOWN

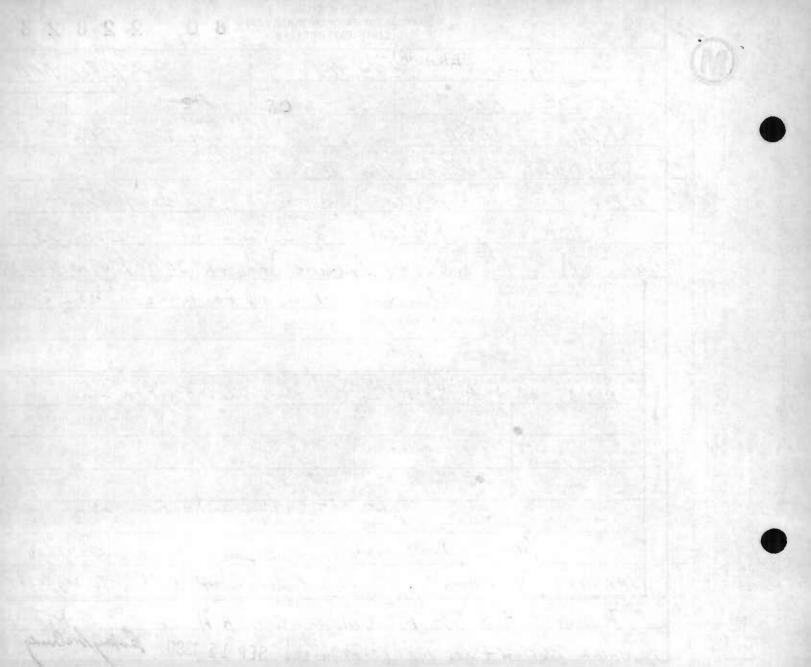
16 Murray Av., Annapolis, MD 21401

Md

Mt. Tabor Church Cem Gambrills Mo Isaiah L. Brown & Son PA 1913 W. Balto. St.

Faoritie India (1889) Land compact the market beautiful at 22 of the land I sight a mean the master of the sight of th Surini . 1110 1 1 . Takes Signal of the critical

	1	STATE OF MARYLAND
2	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 8 2 3
		CEASED NAME FIRST (RELENORA) LAST (20 DATE OF DEATH MONTH DAY YEAR 26 HOUR OR PRINT)
The state of the s	3 SE	
Page 4	7. 0	RTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COLINTRY & PARTIMOPE CITY OF COLINTY OF DEATH
15 Page 12 Page 14.		RTHPLACE STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTS. CITY MD.
ors ofter dec	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS OR INDUSTRY) 128. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be file examiner must be no	13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 137. CITYOR TOWN 138 INSIDE CITY LIMITS? 139 STREET ADDRESS 131 STREET ADDRESS 131 STREET ADDRESS 131 STREET ADDRESS 131 STREET ADDRESS 132 STREET ADDRESS 133 STREET ADDRESS 134 STREET ADDRESS
within within d 2 sho	14. FA	THER'S NAME MIDDLE LAST MIDDLE MIDDLE
E, MAR	1An V	Josh Johnson Rebecca Brooks
BALTIMORE, cote be execut cote be execut opers. Pages 1 wol. wit, the medical	U.	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 265, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-03-3193 Lisuise Johnson 2411 Republish Ad
T., BALT T., BALT Tricate b physicial physicial moval. vent, the		18 CAUSE OF DEATH Enter only one couse per line for (o, 1b), and IC!! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chrow'c Renal Farther Many Year
PRESTON ST., he death certific ne ottending ph emove corbanp mation, ar remo		585 - DUE TO, OR AS A CONSEQUENCE OF
PREST he dea he otter emove or motion		Conditions, if ony, which gove rise to immediate cause (o), storing the DIFTO OP AS A CONSEQUENCE OF
201 W. es that the ed by the please in urial, are aution, and the ed by the please in urial, and the ed by		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF
RDS, 20 equires in signe Then pl r to bur injury, c	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir to thending physicion. ther this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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ION OF VII	MEDICAL	CRECURRISON CONTROL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION
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TENDI tologo OR: A Or use Theol		22a.1 certify that (I) (this hospital) attended the deceased from
OR ATT ne hospit DIRECTC ached fo Dept. of		22b. SIGNATURE DEGREE 22c. DATE SIGNED
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TO HOSPITAL (retained by the TO FUNERAL IS should be detail with the State E IMPORTANT: If		SHACKAT Y. KHAN 223 Eastern Blood, Boltimore, MD 21241
7 L/ BP	230 B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY PECIFY) PLANT CALLS LARM CAMBO COUNTY MOSTATE
DHMH - 16 60M 1/75		INERAL DIRECTOR NAME ADDRESS
(VR A 15 (4))	Zs	CALALL BROWN + SON 19/3 W. BANG ST SEP 15 1989



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE HONTH YEAR 25 HOUR TYPE OR PRINT! MANCES 3 SEX 4 RACE IN YEARS LAST BRITIDAY) IF UNDER I YEAR IF UNDER 25 HRS DAYS Female 19 Black TO BIRTHPLACE ISTATE OF FOREIGN 9-BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED NEVER MARRIED irginia WIDOWEDK DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Provident Hospital BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 136 COUNTY 13d. INSIDE CITY LIMITS? Maryland Druid Hill Avenue FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Clarence Johnson Alberta Johnson **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Edward Whitley 11 W. 20th 12-20-9146 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., an noton IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which brewania gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NO YES [NO F none. entol Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 28 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 N X 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED morked or AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a. | certify that (1) (this hospital) attended the deceased from 80. ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (and (and not view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS shauld be 238 LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Cem alto Westport 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS NAME (VRA 15 (4)) A. RICE F.S.P.A. 1300 Eutaw Pl.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 28. DATE OF DEATH MONTH 26 HOUR 3. SEX 4 RACE DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 89 TE CATIZEN OF WHAT COUNTRY? THE CHIPTORE ION **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED [IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUALOCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORKING LIFE! INDUSTRY ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE II STATE 13b COUNTY 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 5 MOTHER'S MAIDEN NAME FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (#,YES, GIVE WAR OR DATES) 220 077154 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Dis Case 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220. | certify that (I) (this hospital) attended the deceased from _ - 30 saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING TO FUNERAL should be detac with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR-EREMATORY 23d. LOCATION CITY OR TOWN 0 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79

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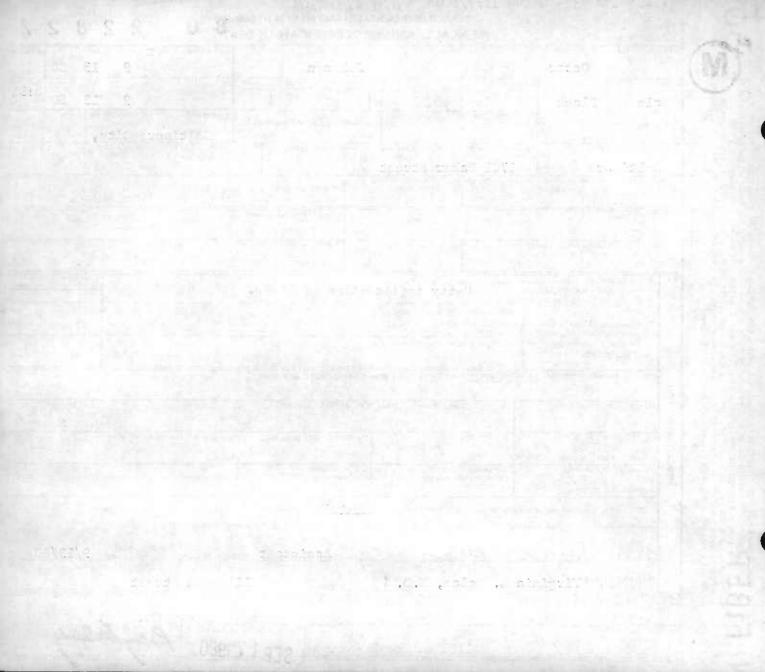
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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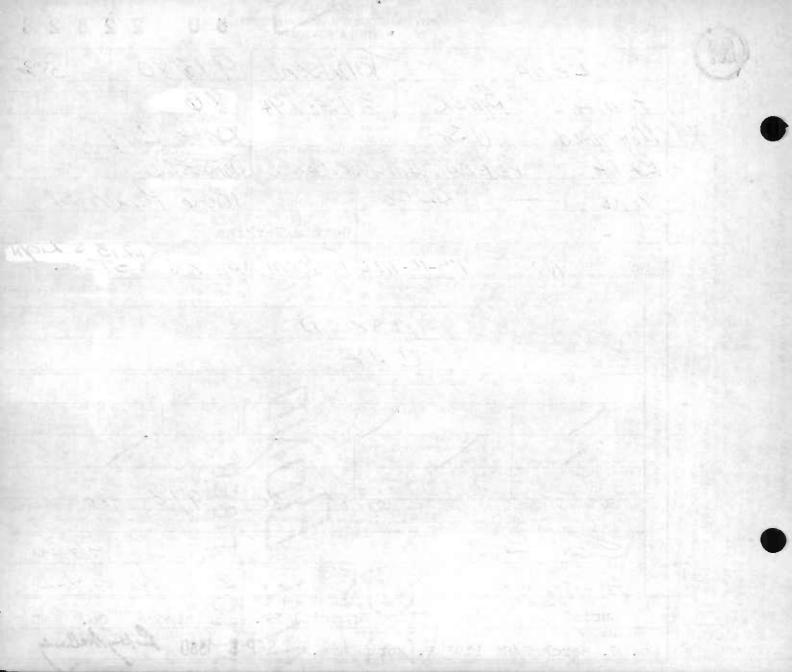
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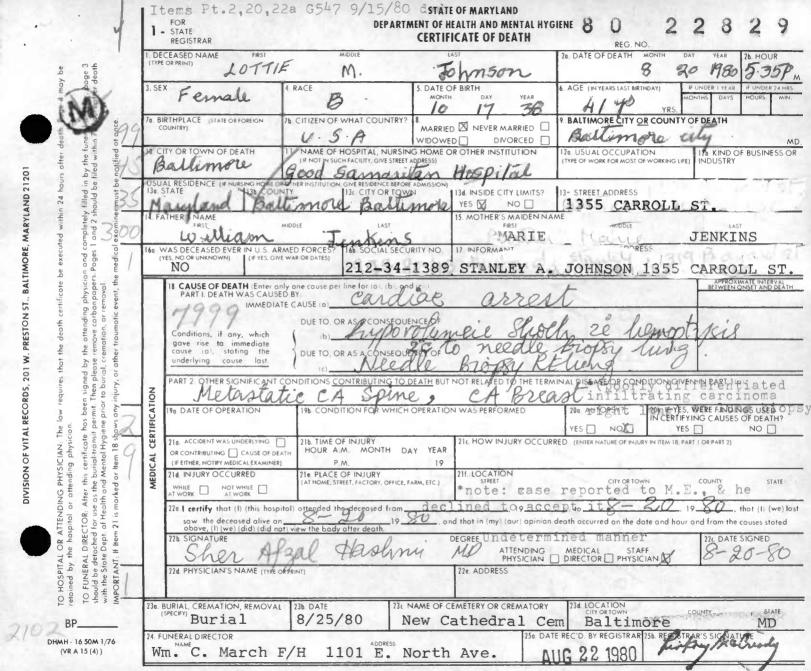
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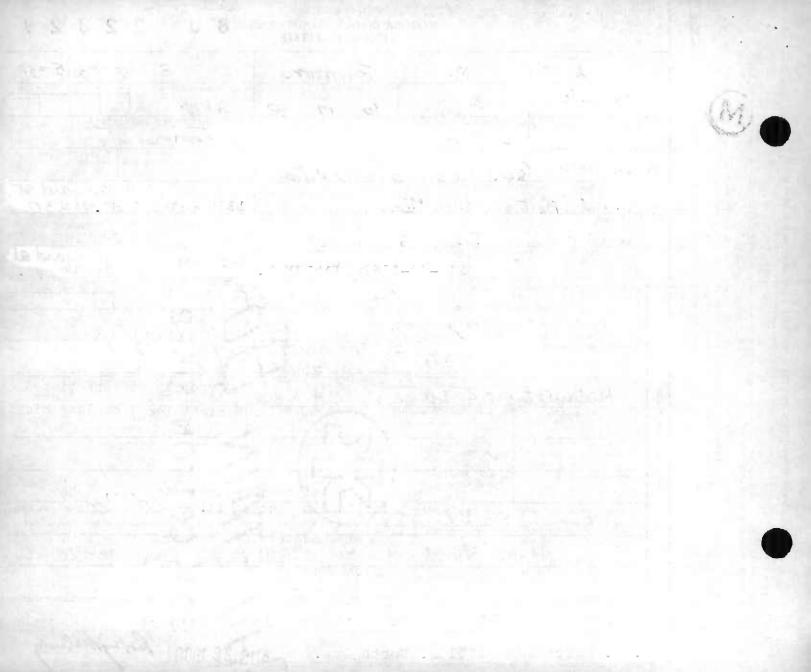
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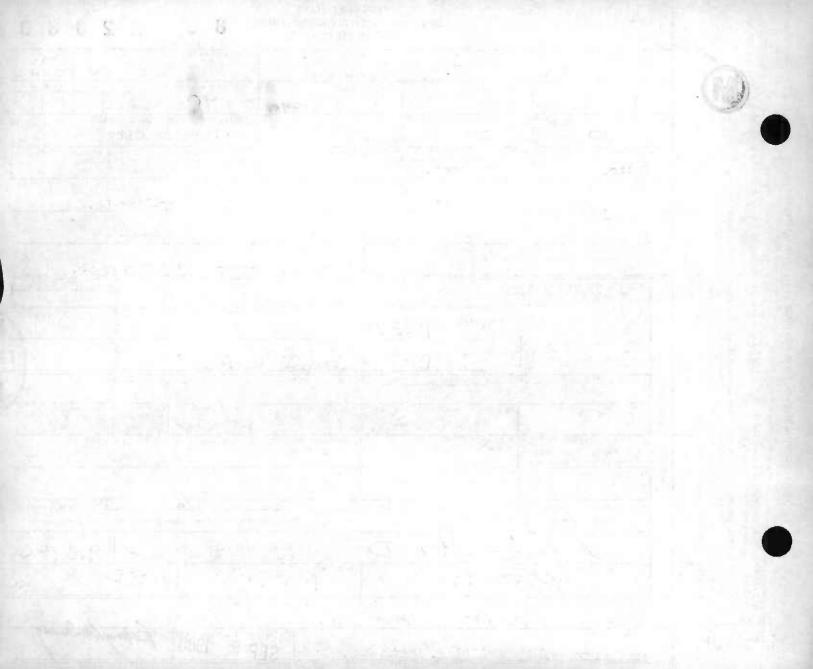


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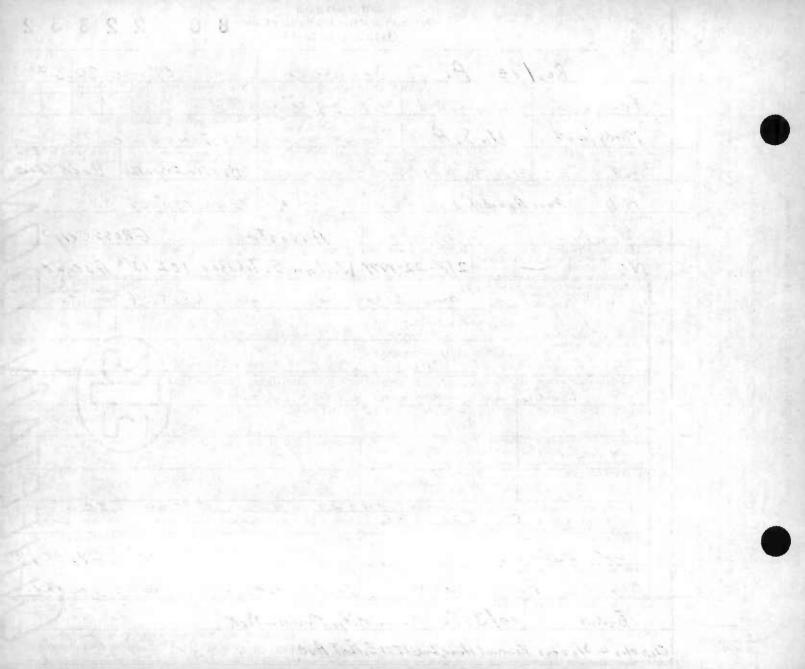


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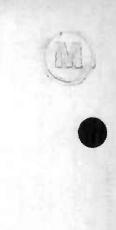
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poge r deat		(TIPE OR PRINT)	SHIRLEY	JOHNSON	09/12/80	10.::08
Ter o		3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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MD. 2	I CV C		ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
	22 × × 200		John	В.	Johnson	Annie	B. ADDRESS	Dorsey
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RECORDS,	E EX DIO S A TH A	NO	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE DR CONDITION GIVEN IN PART 1 (a).	
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DIVISION OF VITAL	CERTIFICATE SHATING THE WORK ROED TO THE C E 3 SHOULD BE E DEPARTMENT C PRIOR TO BURIA		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YEAR	2 tc. HOW INJURY OCCURRED (E)	YER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
DIVISI	R: THIS CERT TE, WRITING DRWARDED R: PAGE 3 SH STATE DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (STREET, FACT	OF INJURY (AT HOME, CORY, FARM, ETC.)	II. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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	AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF THE WITH, WITH, WITH, WARYI.		ACTUAL SIGNATURE UNGE	ma IDI	Han 10	TITLE (SPECIFY) M.D. Assistant	MEDICAL EXAMINER S	ATE 9/16/80
	TO MEDICAL EXECUTE THE CASE A SHOUL TO FUNERAL I AFTER DEATH, BALTIMORE, MY		EXAMINER'S NAME VI	rginia L.	Dolan, M.D.	ADDRESS	111 Penn St	reet
151	PAGE AFT	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMET	ERY OR CREMATORY 23	d. LOCATION CITY OR TOWN	COUNTY STATE
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	DHMH - 17 (VR A15 ME (5))		NAME NAME NAME NAME	ADDRESS	l E. North Av	1 1	D. BY REGISTRAR 256	McBreedy
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	3 SE	X	4 RACE		5 DATE C			AGE (IN YEARS LAST BIRTH	DAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
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		22s.1 certify that (1) (this has	pital) attended t	he deceased from_				_, to	1	19	that (I) (we) last
		saw the deceased alive a		19	, ar	nd that in (my) (aur) o	opinian de	oth occurred on the dat	re and hour	and from the	causes stated
		obove. (1) (we) (did) (did r	day view the bod	y offer death.		DEGREE			- No. 17	22c. DATE S	SIGNED
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		Vivairia	KRAK	5)		greater P	Baltin	none medical	Conte	- Chia	10000
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-	24 F	UNERAL DIRECTOR	-/-/					REC'D. BY REGISTRAR	SA RESISTA	TARYS SHANATI	URE
5M 1/79		Vm. C. March	F/H	1101 E.	Nort'	h Ave	SEF	5 1980	prop	MARCO	worly
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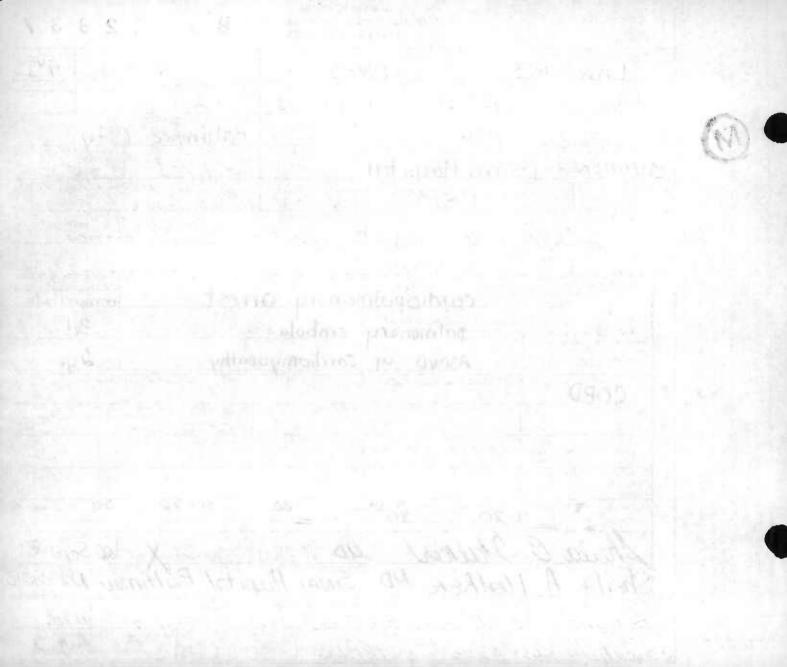


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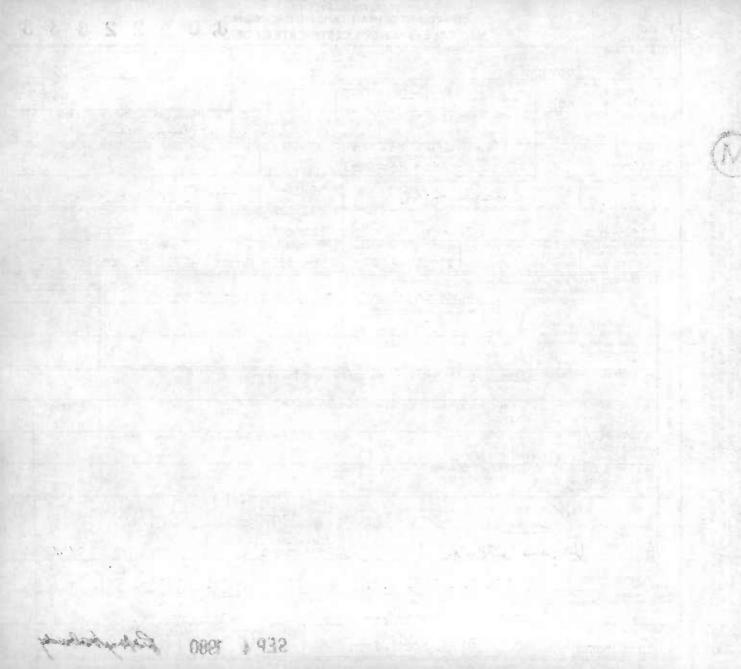
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40 2BP		BURIAL CREMATION, REMOVAL	23b. DATE 9-24-80 P/E	AME OF CEMETERY OF CREMATI	ORY 23d. LOCA	USon		STATE .
DHMH-16 30M 2/80 (VRA 15, 4)	J	oseph L. K	155 3332 W.N	oth Ave	SFP24	1980	JAR JAR	Ready



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED Leevernia 2 1980 Jones DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 4 RACE 2c DATE LAST BIRTHDAY PRONOUNCED 3 A 12 23 57 DEAD 1980 Female Black 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED X Baltimore City. Md. USA WIDOWED [O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore Johns Hopkins Hospital WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2516 E. Preston Street 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 113b. COUNTY BALTIMORE, MD. 21201 Balto. YES K NO [Md. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Bowden Jones Clinton Frances 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-16-6495 Pricilla Jones 2516 E. Preston St. ADDROY MAATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF SHOULD BE USEPARTMENT OF YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes XX Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) Assistant 9/3/80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn St. Balto., MD. 230. BURIAL, CREMATION, REMOVAL | 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Baltimore, Md. 9/6/80 Baltimore Cem. Burial 250. DATE REC'D. BY REGISTRAR 256. REGIS 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. (VR A15 ME (5)) Wm C March F/H

15M 7/76

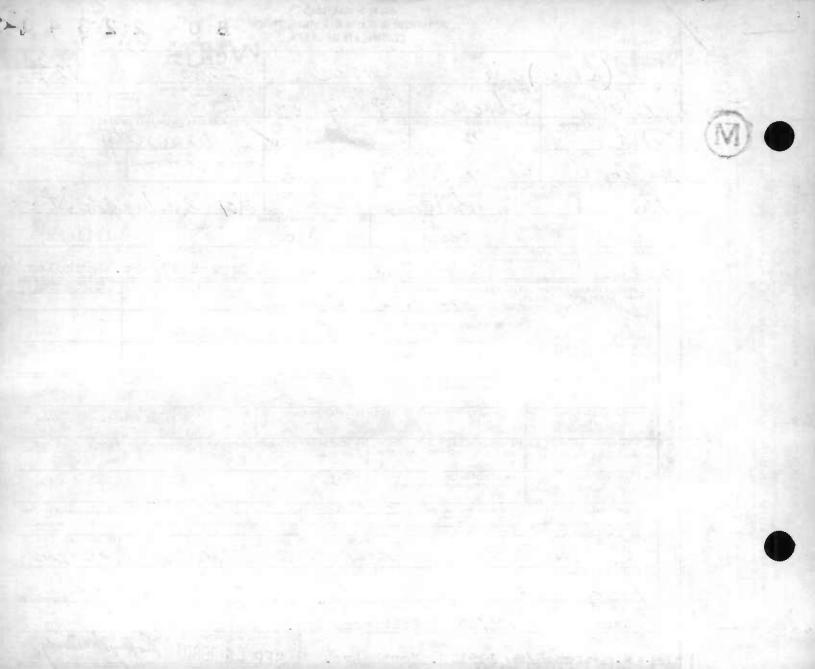
STATE OF MARYLAND



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	2年2月	1D. C	ITY OR TOWN C	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	E, OR OTHER IN	NSTITUTION	12e. USUAL OCC	UPATION (TYPE OF	WORK 12b. K	IND OF BUS	INESS
	303 476	1	Baltimo:	**					MUSTO.	ORKING LIFE)	1	OR INDUSTR	L
	AFT AN				LUC.	neran Hosp:	ıtaı		[0310	77711		HUTE	7
=	F03500/	13a. S	TATE	13b COUN		13L_CITY_OR TOWN	1134	INSIDE CITY LIMITS?	13e. STREET ADD	RESSS .			
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	H. H. 2.	IA E	ATHER'S NAME			107777		MOTHER'S MARKEN	THE STATE OF	11////	-1-1-1	1	
WD.	P. VITA	, ,	FIRST		MIDDLE	LAST	13.0	FRST C	MANE 1	MIDDLE	KIR I	/ASY	
E,	MI III Z	10	JEING	Er	JONE	-5		PJ	A10 6		2011	B	
ő	FORM ON OF		VAS DECEASED		MED FORCES?	16b. SOCIAL SECURI	TY NO. 17. II	NFORMANT	- Plane	ADDRESS	YUV	11	
×	F S S S	(Y	ES, NO, OR UNKNOV	MN) (IF YES, GIVE	WAR OR DATESY		+11	7 1 . 1	Laure	13467.	Dan	سها	
BALTIMORE,	B. GIVE PA WITH FOR WITH FOR DIVISION	LX	ES.	2/44/4	16-6/27/4	χ		reimA L.	JONES	1376/1.	Care	7 11	
20	W. W. W.		18 CAUSE OF	DEATH (Enter onl	y one couse per line	for (a), (b), and (c),)					1	APPROXIMATE	INTERVAL
ST.	E. A. T. A.	18.5	PARTIDE	ATH WAS CAUSED	RY.						BET	TWEEN ONSET	AND DE ATH
	24 HC LONG LONG PERMI GENE,		1000	IMMEDIAT		ishot wound		est					
PRESTÓN	ZZZYEZZ		765	4	DUE TO, OR	AS A CONSEQUENCE	OF						
- 2	CIL III			s, if any, which							1150		
	ENTA FEMA	1		e to immediate stating the under-	(b)								
3.	DTED WITH N PENCIL I EXAMINER HAL-TRANS MENTAL I OR REMOV		lying caus		DUE TO, OR	AS A CONSEQUENCE	OF				200		
301	ECUTED 3" IN PEI AL EXAM BURIAL-T (ND MEN NN, OR RI		-j/mg coo	1037.	(c)								
			PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION CIVEN IN BART	4-				
2	TICALI	2		-	CONTRIBUTING TO BERIN	TO HOU KEEKIED TO THE TER	MINAL DISEASE OF C	OUDITION PIREM IN PART	1 (0).				
DIVISION OF VITAL RECORDS,	MEDING MEDING MEDING AS A ALTH A	CERTIFICATION											
oc u	HIEF A	1 X	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WAS PI	ERFORMED?			20.	AUTOPSY?	
¥	S CERTIFICATE SHOUL RITING THE WORD "P ROED TO THE CHIEF E 3 SHOULD BE USEE E DEPARTMENT OF H PRIOR TO BURIAL, CR	1 2									9-		
5	SE OR	E										YES XX	NO L
-	ATE WENTHE	8	21a EXTERNAL		HOUR OF	INJURY MONTH DAY YEA	21c. HOW II	NJURY OCCURRED	LENTER NATURE OF	INJURY IN ITEM 18 PART	1 OR PART 2)		
z	SEOUTE T	AL	UNDERLYING	X OR	EATH 6: 25P.M.				. 1	1.1		7.	
Sic	SHA	1 8	21d. INJURY O		21e. PLACE C	2 211	21f. LOCATION	ject shot	c during	robbery	arrem	ID E	
<u>=</u>	RITING RDED RDED SE 3 S FE DEF	MEDICAL				ORY, FARM, ETC.)	STREET	ON	CITY OR	OWN	COUNTY		STATE
0	WRII WARD WARD AGE TATE	~	AT WORK	NOT WHILE XX		street	in fr	ont of 6				o Cit	· MD
	E, WR RWAR PAGI STATE					CLECL			LZ IV. GI	THOIE SE	Darc	.0.011	y, MD
	REO WILL		22a. I certify	thot I took shore	e of the remains desc	ribed above, held an	tapsy X	Inspection	Inquir	y , ond in	my opinion		
1000	KAMINE ERTIFICA D BE FG IRECTOR VITH THE		death resulted	d from Notur	of chosen	Law F	la l	Homicide X	Undetermined				
	AAA SEC SEC SEC		acam reserve	/ //		111 (7	- 11		Onderennined	nonner,			
			ACTUAL	111	1-1-1	VIX		TITLE (SPECIFY)					
	AL DOUL		SIGNATURE_	1/6	cowor	1/ MARIO	AA M.D. I	Deputy Chi	Le EDICAL EX	MINER	DATE SIGNED	9/3/	80
	SEA SEE			4		0	4				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	NO W	4	EXAMINER'S N	NAME Thon	noo D Cmi	th M D			11	1 Dans C		1.14.	MD
	GE GE		(TYPE OR PRIN		nas D. Smi	ith, M.D.	ADDI	RESS		1 Penn S	L. B	Balto.	MD.
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BATTIMORE, MA		URIAL, CREMAT	ION, REMOVAL 2	36. DATE	234 NAME OF CE	METORY OR CRI	EMATORY	23d. LOCATION	- 1	count		
611	() 00	1	RI	14100	4/6/21	my	100/5/5	1000	D. D	County	COUNT	223	IE.
11000	/ RY	24 5	UNERAL DIRECT	VIJAL I	1000	1,001	ario	119 (48)	60 000000000000000000000000000000000000		ADIC BIONI	THOS	
V	DHMH - 17	1	NAM!	1	DDRESS	11	DYI	25a. DATE RE	C'D. BY REGISTI	AK ZDD LGISTR	AK'S IGNA	TUKE	
	(VR A15 ME (5)) 15M 7/76	X	CHS	FUNER	Al Hom.	= 1304 h.	(Central)	MISEP 5	1980	Mary May	MACH	Looky	
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(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MATHEMAN . . JOVETS IT

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours aftimely the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

notified of once.

medical examiner

IMPORTANT: If Hem 21 is marked ar Item 18 shows ony injury, or other traumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

8 0

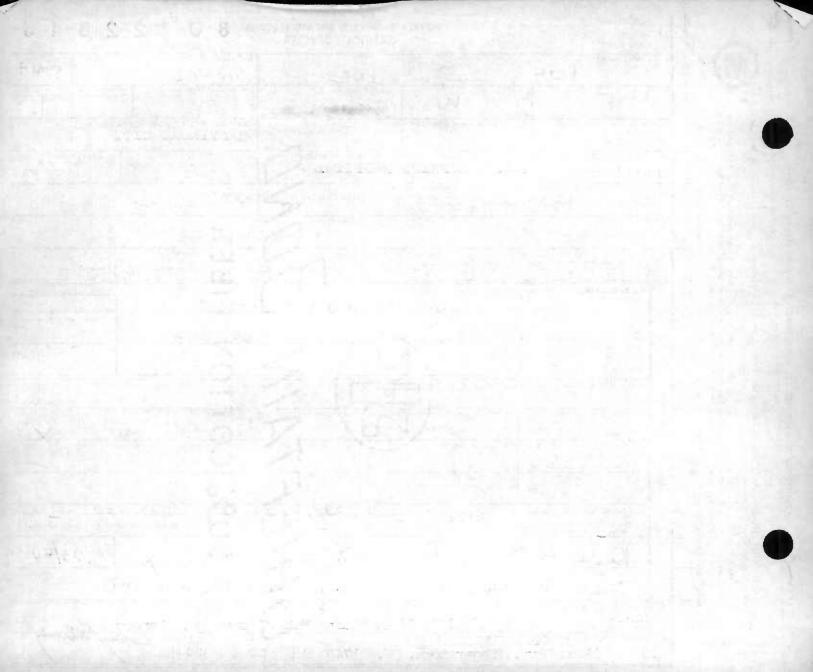
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	'	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.	- N	1111	
	(TYPE	CEASED NAME OR PRINT)	RUTH		dna	لل	NES	20	9/23/80	нтиом	DAY YEAR)	40 A M
	3. SE)	× F		4. RACE	W	S. DATE C		3	AGE (IN YEARS LAST BIR	YRS.	MONTHS DAY		ER 24 HRS
5	M	RTHPLACE (STATE COUNTRY) aryland			WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		BALTIMORE CITY O	E CI	Y OF DEATH		MD.
3		altimor			HOSPITAL, NURSIN		PITAL		u USUAL OCCUPATION TO THE OF WORK FOR MOST OF THE TOTAL THE T		Pub pub	Tic	90.5
3	Mai	AL RESIDENCE (IF) STATE Cyland	NIL COUN		13c. CITY OR TOW Hagersto	/N	13d. INSIDE CITY LIMIT YES NO X	2	street address 2191 Clove	r Hei		oad)13
0		James C		Smith	LAST	59			rinkman			AST	
7		VAS DECEASED EV VES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES)	219-36-3		James G.	. Jor	ADDRE nes, Hager	-		land	
	rion	underlying co	any, which immediate teating the ause last.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	ENCE OF	OVARIAN NOT RELATED TO THE	C		DITION GI		1	
	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	7=	YES NO	IN CERTI	S, WERE FINE IFYING CAUS ES		
2	MEDICAL CE		CAUSE OF DEA	P. 21e. PLACE	M. MONTH D. M.	19	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUI		PART I OR PART 2		STATE
		22a.1 certify that saw the dec	t (I) (this hospi eased olive an	a			nd that in (my) (our) opi		th occurred on the do			-	
/		22d PHYSICIAN'S			J. MD		PHYSICIA 220. ADDRESS LANS HORE	AN D	PHYSIC	IANIA	nD	731	
	ľ	BURIAL, CREMATIC		Sept.		iney	EMETERY OF CREMATO Plains Meth	n.Chu	23d LOCATION CITY OF TOWN TCh Cem.	Hane	county ock, M	de	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

FUNERAL DIRECTOR MINNICH FUNERAL HOME 15 E. Wilson Blvd., Hagerstown, Md. 21740 SFP 2 9 1980



injury, or ather troumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL	HYGIENE 8	REG. NO.	2	28	44
		OR PRINT)	5N /	WIDDLE	J.	NES	20. DATE O	OF DEATH M	9 2	4 80	26 HOUR 25 M
	3. SEX	MALE		ACK	S. DATE OF	BIRTH DAY GAR		YEARS LAST BIRTHO		FUNDER I YEAR	IF UNDER 24 HRS
5	N	RTHPLACE (STATE OR FOREK COUNTRY) MARYLAND	u.	S. A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	A 2017	ORE CITY OR			MD.
3	B	ALTIMORE	UNIVE	RSLTY O	DDRESS]	ARYLAND		L OCCUPATION DRK FOR MOST OF V			F BUSINESS OR
5	130. S MA	ARYLAND 13	COUNTY CITY	13 CITY OR TOWN	SEE	13d. INSIDE CITY LIMIT YES NO 🗌	25	T ADDRESS LUAN	1017	ST.	
0		THER'S NAME FRANK	NMI	JONE	ES	IS. MOTHER'S MAIDEN ANNI		Mae	,	OU	JEUS
/	16a W		I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	218-80-3	5398	Frank Jo	nes 25	N. El		nt St	
		18 CAUSE OF DEATH (EI PART 1. DEATH WAS C	CAUSED BY: MEDIATE CAUSE (0)	r line for (0), (b), and CARDIOPU	TIMO		ARRES	The ties		BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, wh gove rise to immedia couse (0), stating underlying cause la	ich (b)_	DR AS A CONSEQUEN	TIC	RHABOO	my OSAR	COMA.			
	NOI	PART 2. OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DI	EATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE OR CONDIT	TION GIVE	N IN PART 10	ş1
2	CERTIFICATION	190. DATE OF OPERATION	1 196 COND	DITION FOR WHICH C	OPERATION .	WASPERFORMED	20e. AU			WERE FINDIN	
1		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE)	OF DEATH HOUR A		Y YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY I	IN ITEM 18, PAI	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	FAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC)	ZII LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
		22a. certify that (1) (this saw the deceased a above. (1) (we) (did)	hospital) attended the live on SEPT. did not) view the body	7.1	SEPT	19 that in (our) api	, 10	red on the date	24 1 ond hour	ond from the	that (I)(we) last causes stated
		(Hema	10 Bi	Elony	, M		NG MEDICA	L STAFF R PHYSICIA	MNX	9/24	80
		Leonard	BiEYON	1 m.i		8 Charks	Plaza	Apt. 1	1606	Balti	more, Nd
	23o. B	SURIAL, CREMATION, REM	10VAL 236 DATE 9/29		_	METERY OR CREMATO	ry 23d LOC	ATION TYPE I MO	re	CO.	MĎ

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR E. North Ave. Wm. C. March F/H 1101

SFP 26 1980

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2 8 4 4 4 The state of the s The second second 19 TA 19 TA

STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	2846
1. DECEASED NAME D FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
BEV. BASH	A PASHA	JORDAN ST	SEPT. 20, 19	80 8.45 p. M
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	Negro	3 19 91	89 YRS	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED W NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH
Fla.	USA	WIDOWED DIVORCED	Baltimore	City MD
10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET GOOD Samarit		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b, KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE IF NURSING HOME (130, STATE MD) 14. FATHER'S NAME FIRST	INTY ISC CITY OR TOW Baltim	N 13d INSIDE CITY LIMIT OTE YES X NO 1 15 MOTHER'S MAIDEN FIRST	1523 Sheff:	ield Rd.
Elder 160 WAS DECEASED EVER IN U.S. A	Jordan Jr.		nown	
	IVE WAR OR DATES)		C. Jordan 1523	Sheffield Rd
PART I. DEATH WAS CAUS	only one couse per line for (o), (b), on SED BY: ATE CAUSE (o) CARD			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	S EPILEPTICE	15	
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	RO UASCULAR	ACCIDENT	
PART OTHER SIGNIFICANT			TERMINAL DISEASE OR CONDITION OF	GIVEN IN PART 1(0)

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

NOV YES 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

P.M. 21e PLACE OF INJURY

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE

211 LOCATION STREET

CITY OR TOWN COUNTY

STATE

NO [

220.1 certify that (1) (this haspital) attended the deceased from

DEGREE

23(. NAME OF CEMETERY OR CREMATORY

Arbutus Mem.

MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated THE DATE SIGNED

BP	
	24.5

should be defoched for use as the burnal-tronsit permit. Then please remaye corban pape with the Stote Dept. of Health and Mental Hygiene prior to burnal, cremation, ar remayal.

marked or Item 18 shows

MPORTANT: If Item 21 is

at and

DHMH - 16 50M 1/76 (VR A 15 (4))

CERTIFICATI

MEDICAL

Burial UNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

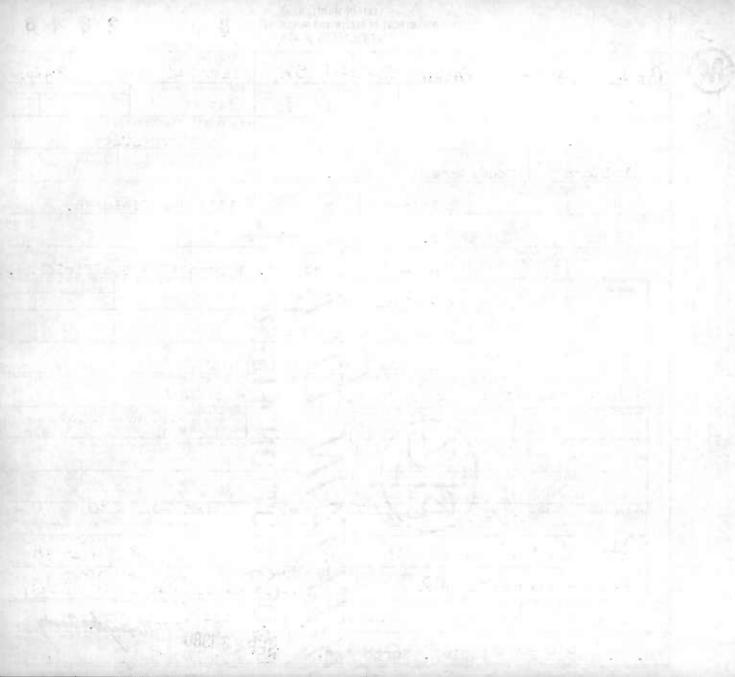
E. 1101 C. March F/H North Ave.

9/24/80

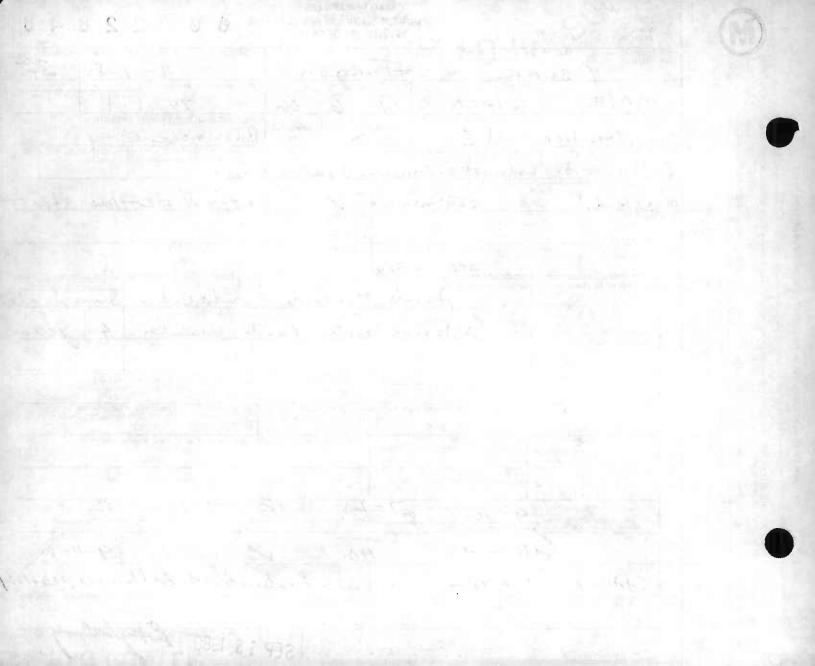
23b. DATE

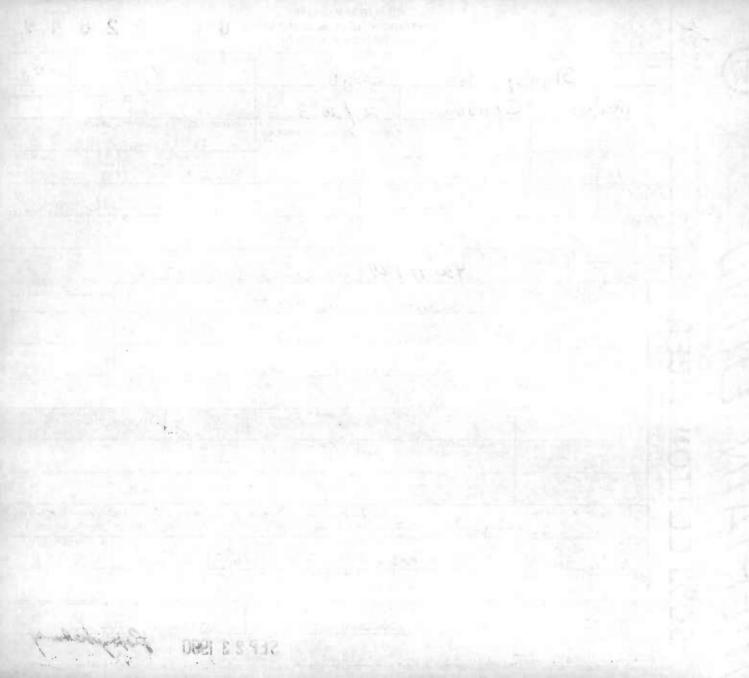
MATORY 23d LOCATION CITY OF TOWN

Pk. Baltimore
250 DATERES OF 1980 RAR 255 REGISTR



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YGIENE

S. DATE OF BIRTH

MONTH

12

REG. NO

FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL H
CEASED NAME	FRST	MIDDLE	LAST
distributed in	SARAH	T.,	JUENGST

20 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)

9 BALTIMORE CITY OR COUNTY OF DEALE

IF UNDER I YEAR

FEMALE WHITE BIRTHPLACE CHEATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? COUNTRY MARYLAND

MIDDLE

IMMEDIATE CAUSE (o

4. RACE

MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

1890

NOF

15. MOTHER'S MAIDEN NAME

DAY

24

(TYPE OF WORK FOR MOST OF WORKING LIFE)

3422 Wilkens Ave.

MIDDLE

WIND OF BUSINESS OR

IS CITY OR TOWN OF DEATH BALTIMORE

Bon Secours WALRESIDENCE IN MUSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?

BALTIMORE

UNEMPLOYED 13e STREET ADDRESS

21229

MARYLAND 4 FATHER'S NAME

LAST BOOTH

MARTHA 17. INFORMANT

YES X

RAWLINGS

Balto, Md.

WILLIAM WAS DECEASED EVER IN U.S. ARMED FORCES? NO

PART I DEATH WAS CAUSED BY:

13h COUNTY

16b. SOCIAL SECURITY NO

212-07-0047D; MR. MARIO CHILLEMI 3422 Wilkens Ave. II CAUSE OF DEATH Enter only one couse per line for (o) (b), ond

APPROXIMATE INTERVAL

gave rise to immediate cause (a), stating the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

1% DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED NOT WHEE !

OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

STATE

220.1 certify that (1) this hospital attended the

IAN'S NAME ITYPEOR PRINTA

sow the deceosed olive on obove, (I) [we) (did) (did not) view the body ofter deoth

DEGREE

22e ADDRE

ATTENDING PHYSICIAN

your opinion death occurred on the date and hour and from the causes stated

MEDICAL

28e AUTOPSY?

MEDICAL -- STAFF DIRECTOR PHYSICIAN

COUNTY

230. BURIAL CREMATION, REMOVAL

(VRA 15, 4)

BURTAL DHMH-16 30M 2/80

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

THE LOCATION CITY OR TOWN

COUNTY

24 FUNERAL DIRECTOR

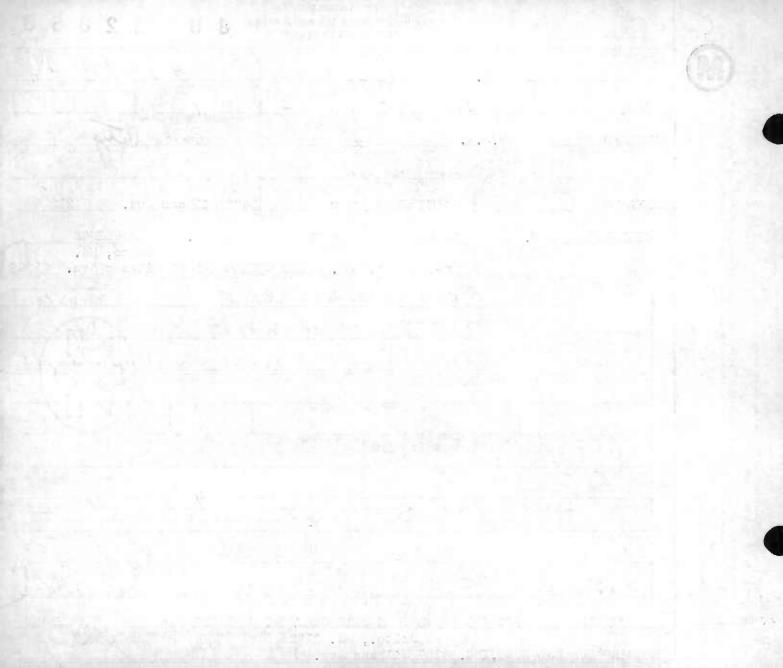
ADDRESS Balto., Md. 212

BALTIMORE

MARYLAND HARTIS DE SISTRAR'S SUSNATURE

HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave

9/25/80

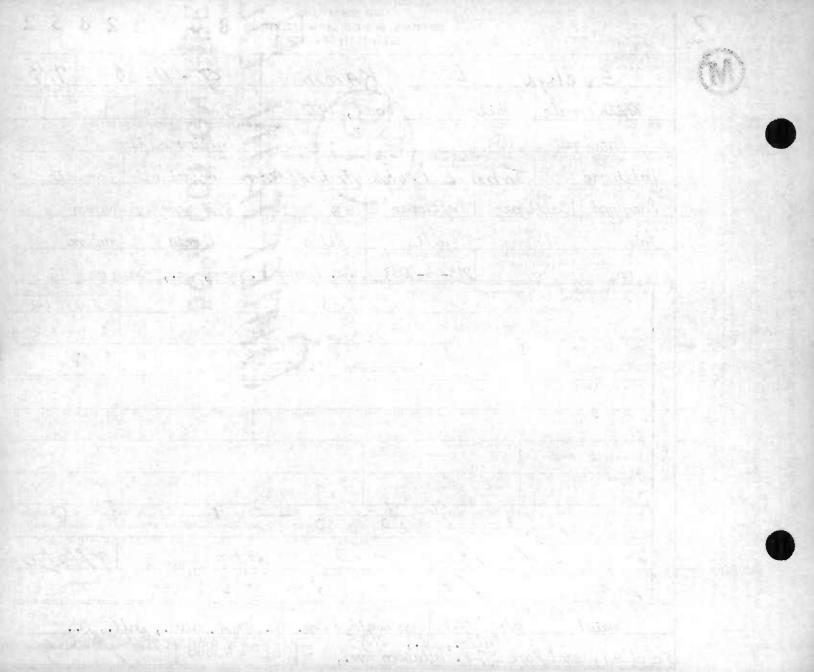


Bertha M. kaminski Saltimere City Union Memorial Hospital Daltimere FOR

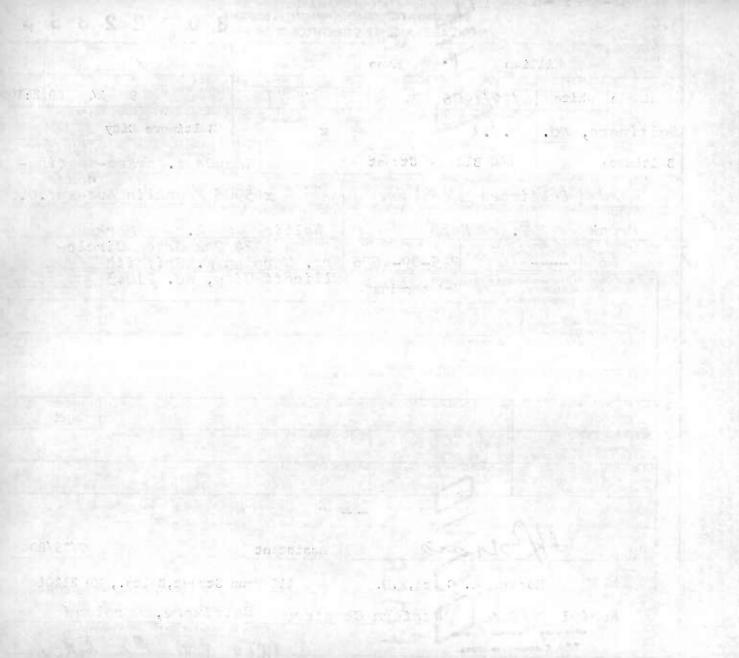
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STATE OF MARYLAND

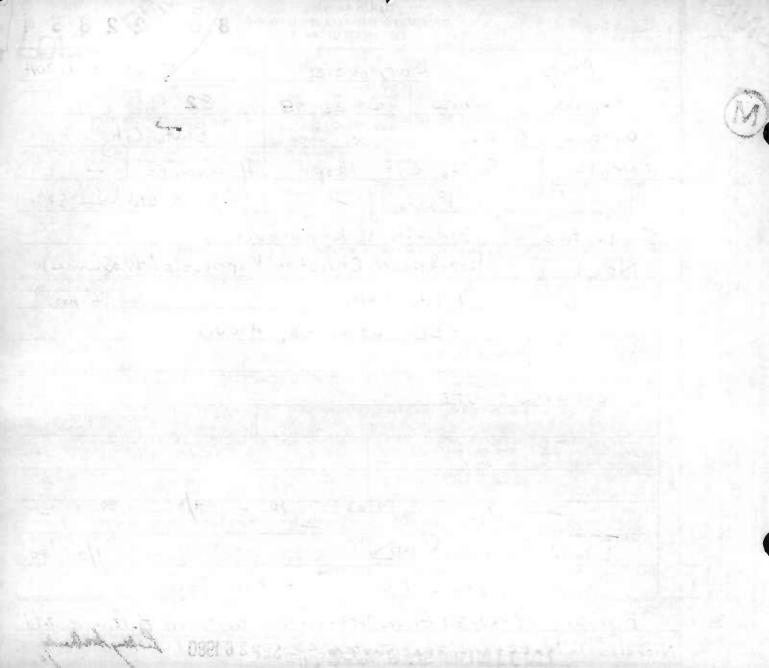
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	ATE GISTRAR ASED NAME FIRST	ME	DICAL EX	XAMINER	'S CERTIFIC	CATE OF		DATE KNO	REG. NO.	AONTH	DAY YEAR	2b. HOUR
(TYPE OR	Wi	lliam	<i>M</i> •	Kapp				OF EST DEATH MAT	TED C		19	M
3 SEX	Male white	5. DATE OF BIRTH	906	74 YRS.	MONTHS DAYS	HOURS	MIN PRO	DATE ONOUNCED DEAD	9		24 ₁₉ 8	20. 115011
35 Bal	HPLACE (STATE OR SINCOUNTRY) timore, Md.			W	MARRIED NE	DIVORCE		Baltin	nore (City		MD.
2)1	or town of death timore	11. NAME OF HO	SPITAL, NURS CHITY GIVE STRE LOW	Street	R OTHER INSTITU	NOIT	XRay	OCCUPATION OF WORKING L	ON (TYPE OF	ker	OR INDU	ing-
USUAL RI	ESIDENCE (IF IN NURSING HOME IS COU	or other institution, of timore	13c. CITY O	PR TOWN	13d INSIDE (NO 🔏					Hous ve-Ap	0
14. FATH	ER'S NAME FIRST Frank	MIDDLE T.	Kapp	ST		ER'S MAIDEN	NAME	E_{ullet}		Mar	k S	
160. WAS	DECEASED EVER IN U.S. AF		16b. SOCIA	09-462	0. 17. INFOR			oak G	reen	Ci	rcle-	
7	Conditions, if any, which gave rise to immediate couse (a) stating the <u>under</u>	ATE CAUSE (a) DUE TO, Of (b)	R AS A CONS	ermined								
PA	lying couse last. ART 2 OTHER SIGNIFICANT CONDITION	(c)			DISEASE OR CONDITIO	ON GIVEN IN PART	ſ 1 (a).					
			BUT NOT RELATE	O TO THE TERMINAL	DISEASE OR CONDITION		[] (e).				20. AUTOP:	
MEDICAL CERTIFICATION	ART 2 OTHER SIGNIFICANT CONDITION OF DATE OF OPERATION OF EXTERNAL CAUSE WAS NOBERLYING OR ONTRIBUTING CAUSE OF OF INJURY OCCURRED WHILE NOT WHILE	19b. COND 21b. TIME C HOUR A.I DEATH P.I	ETHON FOR W	O TO THE TERMINAL THICH OPERATION DAY YEAR 19 (AT HOME, 1		RMED?) (ENTER NAT	ure of injury in	N ITEM 18 PART	T I OR PAR	YES [2	
MEDICAL CERTIFICATION N N N N N N N N N N N N N N N N N N	INT 2 OTHER SIGNIFICANT CONDITION O DATE OF OPERATION O EXTERNAL CAUSE WAS NDERLYING OR ONTRIBUTING CAUSE OF ILLINIUMY OCCURRED	19b. COND 21b. TIME C HOUR A./ 21e PLACE STREET, FAI	DE INJURY M. MONTH E M. OF INJURY CTORY, FARM, ETC	DAY YEAR (AT HOME,	ON WAS PERFOR	Y OCCURRED	C Undetern		, ond in		YES (2)	NO -
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2	1	FOR STATE	DEPARTA	STATE OF MARYLAND	YGIENE 8 0 2	2854
age 3		REGISTRAR CEASED NAME FIRST OR PRINT!	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH CO. 9 2	5 80 1:20 AM
once.	3 SE	Female	White	S DATE OF BIRTH MONTH DAY YEAR 2 26 98	82 YRS.	FUNDER 1 YEAR FUNDER 24 HRS
Within 7	(ountry) Greece	The CITIZEN OF WHAT COUNTRY? Greece 11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto (ity MO.
1		Balto. Md.	(IF NOT INSTITUTION, GIVE RESIDENCE BEFORE	the Hosp.	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEI HOUSE WIFE	121 KND OF BUSINESS OR INDUSTRY
aming to a	13a	ATHER'S NAME	TY 130 CITY OR TOW		731 5.010	d ham St.
and 2 sh		Constantine"	Bour	is Kyriak	MIDDLE	LAST
ian and comp S. Pages 1 and I, the medica		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATES!	0200 Christine	KarpourieLok	
on papers. removal,		PART I. DEATH WAS CAUSED	y ane couse per line for (a), (b), and BY. E CAUSE (a) bilat.	CVAs		BETWEEN ONSET AND DEATH 36 Avs.
al, cremation, or	9	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	, atrial tib,	ASCUD	
any injury.	N O	PART 2 OTHER SIGNIFICANT C		EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
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fental H or Item	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTHY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	Y YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM IS, P.	ART I OR PART 2)
Ith and Nimarked	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		CITY OF TOWN	COUNTY STATE
ot, of Healtem 21 is		270-1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not 1711-510NA		80 , and that in (my) (aur) apinio	on death accurred on the date and hou	
detached State Dep ANT: If I		David	1200.00	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	9/25/80
should be detach with the State D IMPORTANT: I		David	Buchholz	MD Balto	. City Hosp.	
18 S =		BURIAL, CREMATION, REMOVAL	0 22 00 0		m. Butimore B	timore Md.
H-16 25M	24 F	UNERAL DIRECTOR	tthews ADDRESS		ATE REC'D. BY REGISTRAR TAN REST	My Millery



3331 Brehms Lane

Balto .. Md . 2121

FOR

REGISTRAR

- STATE

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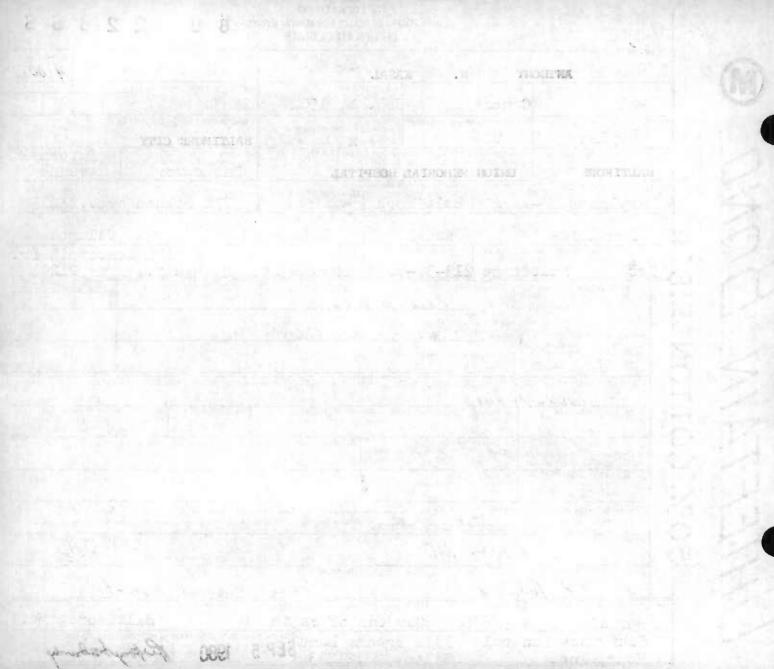
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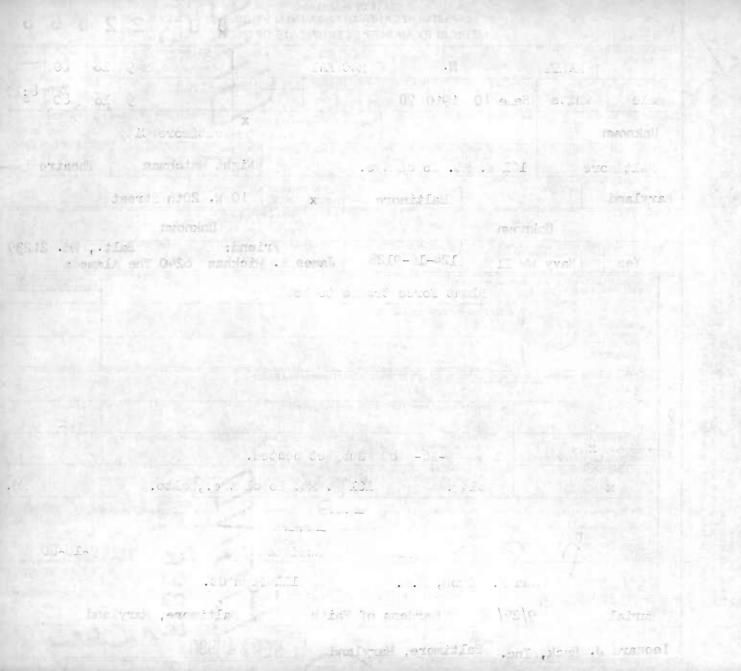
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



3/11	1-	FOR STATE REGISTRAR			EPARTMENT OF HI			7	3 REG. NO.	28	5 6		
(V)-7		CEASED NAMI	MARTY		M.		AY_	OF	MATED 3		O		
100000	-	nale	4. RACE white	5. DATE OF BIRTH MONTH DAY Jene 10	1910 6 AGE (IN YEAR LAST BIRTHDAY) 70 YRS		DER 1 YR. IF UNDER S	MIN PRONOU DEA	NCED D	9 16 1980	8 i 10		
A FOREST	V	RTHPLACE (S REIGN COUNTRY) UNKNOW	n	1	# MARRIED NEVER MARRIED 9. BALTIMORE CITY OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE CITY OF BALTIMO						City MD.		
DELAY IS TO THE PAGE BE FILED		Baltim	ore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LOL W. Mt. Royal Ave. R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				Night Watchman (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Theatre					
21201 F ANY DE AND 3 1 SHOULD B SHOULD B 1 RECORD 1	13° S	aryland	13b COUN		Baltimore	Baltimore 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 10 W. 20th Street							
		ATHER'S NAME	Un	known	LAST		15. MOTHER'S MAIDE	Uni	MIDDLE COMM ADDRESS	LAST	04.000		
BALTIMORE, MD URS AFTER DEATH WITH FORM PM I. PAGES 1 AND 2 DIVISION OF VITA	160. \	WAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	186 SOCIAL SECURITY I	3 3	James E.	Alameda					
1 W. PRESTON ST., FED WITHIN 24 HOL PENCIL IN IEM 18 ALTRANSIT PERMIT. MENTAL HYGIENE, I REMOVAL.		Condition gave ri	IMMEDIATE IMMEDIATE IN, if ony, which is to immediate in the immediate i	DUE TO, OR	for (o), (b), and (c).) ant force tr AS A CONSEQUENCE OF		to head			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH		
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BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" RED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BL E DEPARTMENT OF HEALTH AN I PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION		AL CAUSE WAS KOR NG CAUSE OF D	DEATH ? P.M.	MONTH DAY YEAR 9-16- 1-80	Sub	ow INJURY OCCURRED ject beate CATION		NJURY IN ITEM 18 PART	1 OR PART 2			
WAN WAS	MEC		NOT WHILE C		ORY, FARM, ETC.)		W. Mt. Roy	al Ave.,	Balto.	COUNTY	· Md.		
XAMINER ERTIFICA IN EF CO WITH THE	220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Natural causes ; Accident , Suicide , Hamicide X, Undetermined manner , ACTUAL SIGNATURE										.80		
TO MEDICAL E FACCUTE THE PAGE 4 SHOU AFTER DEATH, AFTER DEATH,	-	EXAMINER'S (TYPE OR PRI		Ann M. Di			ADDRESS 111	Penn St.					
120 (BP		Burial		9/27/80	23c. NAME OF CEMI		aith		more, Ma		STATE		
DHMH - 17 (VR A15 ME (5)) 15M 7/76		NAME CONARD	J. Ruck.	Inc. Ba	ltimore, Mar	ryla	nd SE	P 2 4 198		my hole	49		



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HUBBARD FUNERAL HOME. INC. 4107 Wilkens Ave.

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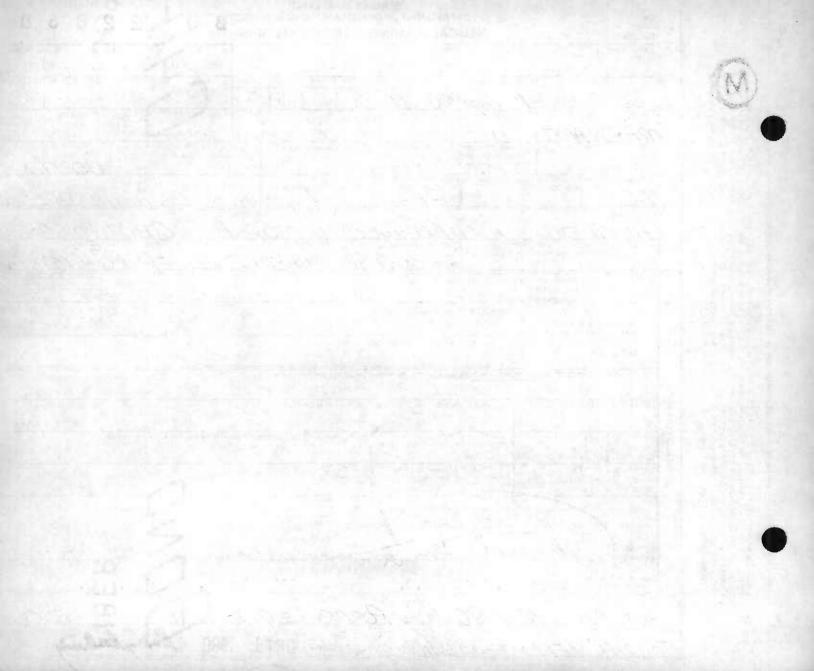
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ASSESSMENT OF THE PROPERTY OF

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		FOR	DEPARIMENT OF F	EALIH AND MENTAL HY	GIENES 1	2860
1000		STATE REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF		2000
		CEASED NAME FIRST	WIDDLE	LAST	28. DATE KNOWN THE MONTH	H DAY YEAR 26. HOUR
-	(TYF	E OR PRINT)	\circ	1/ o 7 7 o m	OF ESTI- X	200 1000
	3. SEX		DATE OF BIRTH 6. AGE (IN YEA	Keller RS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE MONTH	27 1980 M
	T		10 21 200 000		MIN PRONOUNCED	27 1980 8:51
d	3. D	emale White RTHPLACE (STATE OR 76	CITIZEN OF WHAT COUNTRY?	S	9. BALTIMORE CITY OR COUR	
Z	FC.	REIGN COUNTRY! RARYLAND	100	MARRIED NEVER MARRIED	-	
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1	10. C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	28. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
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λI	130 3	ma	129271	7 YES NO D	4/2. 12) 6/1	2)11/000 Ali
	14. F/	THER'S NAME		15. MOTHER'S MAIDEN	NAME	300000000000000000000000000000000000000
9	1	PRST PROPERTY M	IDDLE 1 10h APONI)	1/2 1/100	DIA MIDDLE NOIT	+ Janne V:
5	16n \	VAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	LUNGSIL!
/	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR	OR DATES)	noo inuinen	n= 11-11-01	Wil Pavila
		NO.	0/7 av a	1801 HUREIU	E REPORT K	17.00173
		PART I DEATH WAS CALISED BY	ne cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE C	AUSE (a Hypertensive &	arterioscleroti	c cardiovascular	disease
	100	4029	DUE TO, OR AS A CONSEQUENCE C			
Ы		Conditions If any, which gave rise to immediate	1			
	133	cause (a) stating the under	DUE TO, OR AS A CONSEQUENCE O	F.		
		lying cause last.				
		PART 2 OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT BELATED TO THE TERMI	RAL DISEASE OF CONDITION CIVEN IN PART	I (u)	
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3	CERT	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	TIL HOW INJURY OCCURRED	SENTER HATURE OF INJURY IN ITEM 18 PART 1 OR I	PART I)
	CAL	CONTRIBUTING CAUSE OF DEA				
A	MEDICAL	214 INJURY OCCURRED	THE PLACE OF INJURY (AT HOME, STREET, PACKORY, FARM, ETC.)	TH. LOCATION	CITY DR FOWN 6	COUNTY STATE
	ž	AT WORK AT WORK	JULES, THE TORY, TAKES, ETC.)	340	CIT OF IOWA	SIATE STATE
			Description of the second second second			3428C - 4300
			the remains described above, held on	Autopsy Inspection	CCI. Inquiry L. and in my	opinion
		death resulted from Natural o	ourses X Accompt	tide Homicide	Undetermined manner	
		1/1/2	. 17	TITLE (SPECIFY)	The second	
1		SIGNATURE TOO	race mut	Mo Deputy Chi	ENEDICAL EXAMINER SIGN	NED 9/28/80
1	/		01	7-1-0		
1		Thoma	s D. Smith, M.D.	ADDRESS 111 F	Penn St. Balto.	. MD.
	23a B	A sea to be a sea of the sea of t		AETERY OR CREMATORY	173d LOCATION	
	230.0	URIAL, CREMATION, REMOVAL 23b.	1-1- 1- On the	2000110-m	CITY OF TOWN CO	DUNTY STATE
	-	JUC/TIP VC	1-1-80 Many 1	27 2 Isa DATE DE	C'D. BY REGISTRAR'S	SSIGNATURE
	29. 1	NAME) - 1	ADDRESS 7	9 00 T 1		42.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH 26. HOUR TYPE OR PRINT CHAUNCEY MARTON KENDALL 8:30 P 8 80 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE /IN YEARS LAST BIRTHDAY! IF UNDER LYEAR IF UNDER 24 HRS 27 06 Male Black. TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORI CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U. S. A. Baltimore WIDOWED DIVORCED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore WAMC, Baltimore, Maryland 21218 USUAL RESIDENCE (IF NURSING HOMEOR OF CAMPUTATION. 13e STREET ADDRESS Baltimore Maryland **Baltimore** 1401 W. Fayette Street 2 sh 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE P Frank Kendall Unkn 16b. SOCIAL SECURITY NO. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 101-07-9471 VAMC medical records, Baltimore, Maryland 18 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: ARDIORUHONARY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stating the RENTH DISEASE underlying couse last PART 2. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

ALCOHOLISM / CHRONIC CBSTRUCTURE FULLY AND DEATH 106 IF YES, WERE FINDINGS USED THE CERTIFYING CAUSES OF DEATH? THE CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSY to DATE OF C DENT WAS UNDERLYING THE TIME OF MUURY THE HOW INJURY OCCURRED (SINGE MAINS OF MAINS IN THE PART OF MET TO HOUR A.M. MONTH DAY YEAR 21 e. PLACE OF INJUR THE LOCA CITY OR TOWN COUNTY STATE DITC DITTICE FARM, ETC.) September 8 and that in Xxv) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING: MEDICAL FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN 77# ADDRESS VAMC, Baltimore, Maryland 21218 23r NAME OF CEMETERY OR CREMATORY 134 LOCATION 73s BURIAL CREMATION, REMOVAL 22b DATE STATE COPECHY Co., Md. 9/13/80 Balto. Kina Mem. Pk. Puria] 74 FUNERAL DIRECTOR DHMH-16 30M 2/80 ADDRESS. (VRA 15, 4) 1980

1101 E. North Ave

Wm C March F/H



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ouce.	3 SE	Male	4 RACE White	9	S DATE O		AR MO			JNDER I YEAR # UNDER 24 HRS		
39		RTHPLACE (STATE OR FOREIGN DUNTRY) EW YORK	16 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	Baltimorecity o		F DEATH	M		
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29	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME O HOUR A. R) P. 21e PLACE	FINJURY M. MONTH DA M.	YEAR		YES NO TO	IN CERTIFY! YES Y IN ITEM 18, PAR	ING CAUSES	OF DEATH?		
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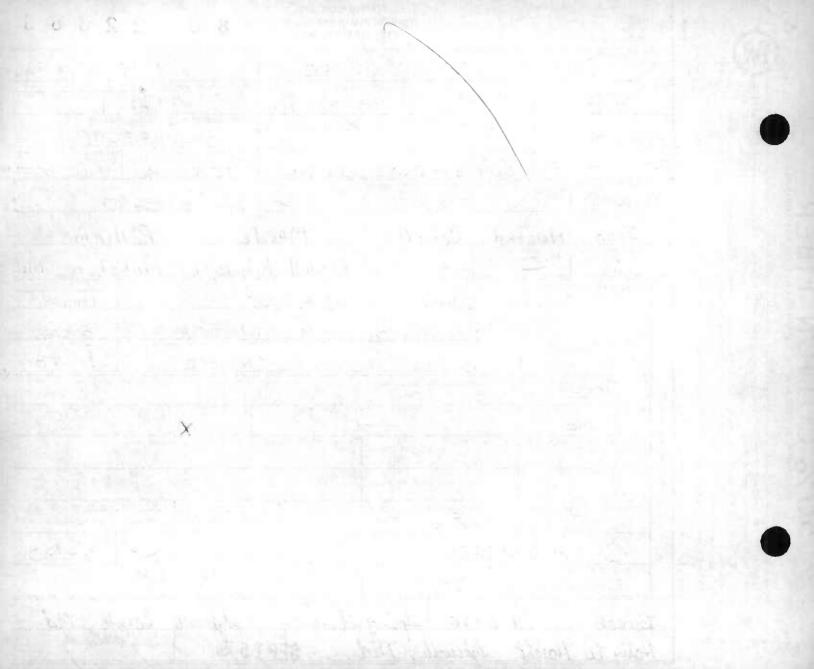
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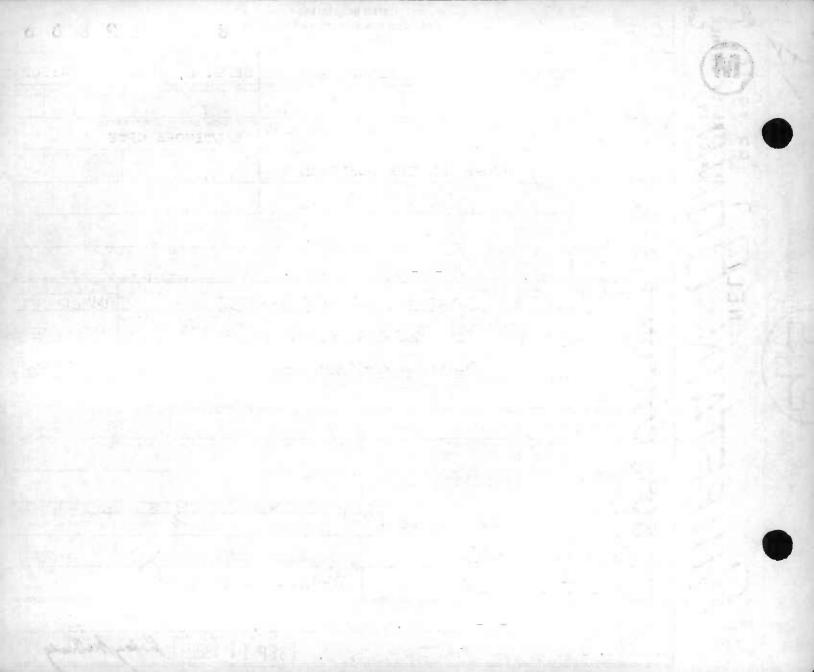
SEP 15 1950 K. S. J. L.

13	١,	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 8 6 4								
1	١.,	REGISTRAR				ICATE OF DEATH	REG. NO	(Eine	flies G	
	1. DE	CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH M	NTH DA	AY YEAR	2b HOUR
	,	John	C	arroll	Ke	eyes	September	18,	1980	3:15 A
	3 SE		4 RACE Cau	casion	5. DATE (OF BIRTH 1917	6 AGE (IN YEARS LAST BIRTHE	AY) I	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
i -	7d 8	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTS	2Y2 8		9 BALTIMORE CITY OR	YRS.	DEDEATH	
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10		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NUR CHEACILITY, GIVE STO Agnes Ho	SING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	VORKING LIFE)	INDUSTRY	F BUSINESS OR
-		AL RESIDENCE (JE NURSHING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION				Accor	unting
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20	14 5 4	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		.481	
10	16. 14	John VAS DECEASED EVER IN U.S. AI	Key	166 SOCIAL SE	CUDITY	Emma	ADDRES		elace	
2	- (Y		E WAR OR DATES)	219-05-		17 INFORMANT			I D I	
1	-	18 CAUSE OF DEATH (Enter o				Josephine Ke	yes, 1004 CI	artsw		MATE INTERVAL
	NO	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEC		NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVE	N IN PART 10	1
2	CERTIFICATION	190 DATE OF OPERATION	5 196. COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	N CERTIFY	WERE FINDING ING CAUSES O	GS USED OF DEATH?
9	- 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C ATH HOUR A.		DAY YEAR	21c. HOW INJURY OCCURE				110
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P. 21e PLACE		19	21f. LOCATION				
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFIC	CE, FARM, ETC.)	STREET	CITY OR TOWN		COUNTY	STATE
		220.1 certify that (I) (this hasp	ital) attended th	e deceased from	n	8 28 10 80	10 9/18	16	. 80 .	hot Ms (we) lost
		sow the deceased alive or above, (P(we) (did) (did)		I C Ma		nd that in (au (our) opinion (death occurred on the date	ond hour	and from the c	ouses stoted
		226. SIGNATURE	A A	oriely deom.		DEGREE		- 0	224. DATES	
1	10	Bura!	110000	an	/	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N	911	18 BO
		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	de (22e. ADDRESS				1
/		SCOUR MASK	NA	MIN						
	(5	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
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		NAME 1000					EP 2 2 1980	tes	May 1800	Greenly
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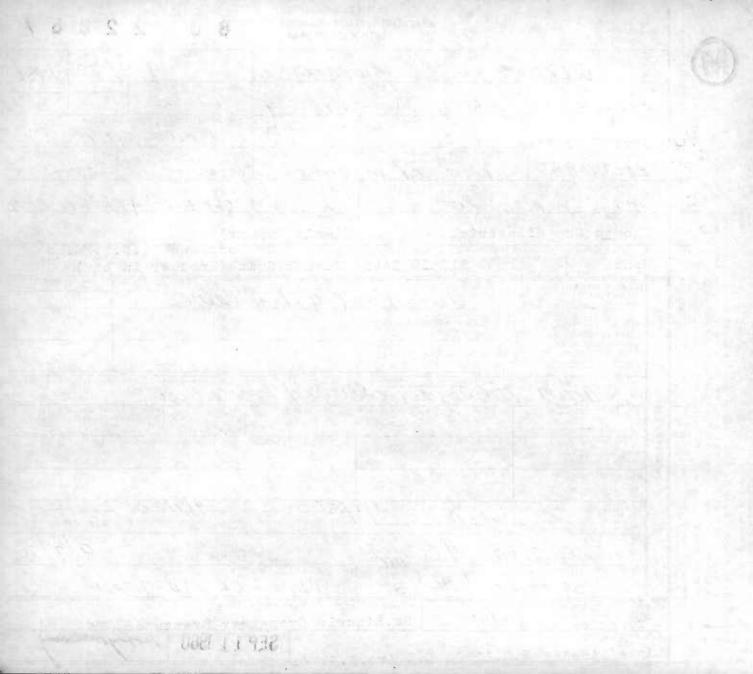
	1			STATE OF MARYLAND		
2	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 2	2 8 6 5
		E OR PRINT) BEULAH	MIDDLE	KILGORE	20. DATE OF DEATH MONTH	8 80 845 A
ge 4 may ector, page is ofter de	3. SE	* FEMALE 4.R.	WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
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filled in rould be	130	AL RESIDENCE (IF NURSING HOME OR OTHE STATE ARYUAND 136 COUNTY		RE ADMISSION) WN \$13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2130 BETHEL	
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be execution and control or seedical		NAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAR	OP DATEST		ADDRESS	rksburg, M
rtificate physicie emavol. event, the		18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	COOMIA	nd (c).) PULMONARY ARRES		APPROXIMATE INTERVAL BETWEEN WASET AND DEA
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Phys phys phys iffico iffico in 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH (P.M.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
DING PHYSIC or attending After this cert e os the burial alth and Ment marked or Iten	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC] 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ortol TOR: For us of He 21 is		22th. certify the (1) this hospital) a sow the deceased alive an above, (1) (we) (did) (did not) view	9/7 10	9 , 19 8C) 8O, and that in (my) (our) apinion	death occurred on the date and ha	ur and from the causes stated
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HOSPI pined b FUNE ould be th the S		22d. PHYSICIAN'S NAME (TYPE OR PRIN	EIFTER	LAS ADDRESS	TOPKINS HOSP	170
BP	23a. 8	SURIAL, CREMATION, REMOVAL 23	6. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY MATE
DHMH-16 30M 2/80 (VRA 15, 4)	24. FI	UNERAL DIRECTOR HOLL TI). Horald	Lukesmille	Md 240. DAT	E REC'D. BY REGISTRAR MY REGIS	TRAKS SIGNATURE

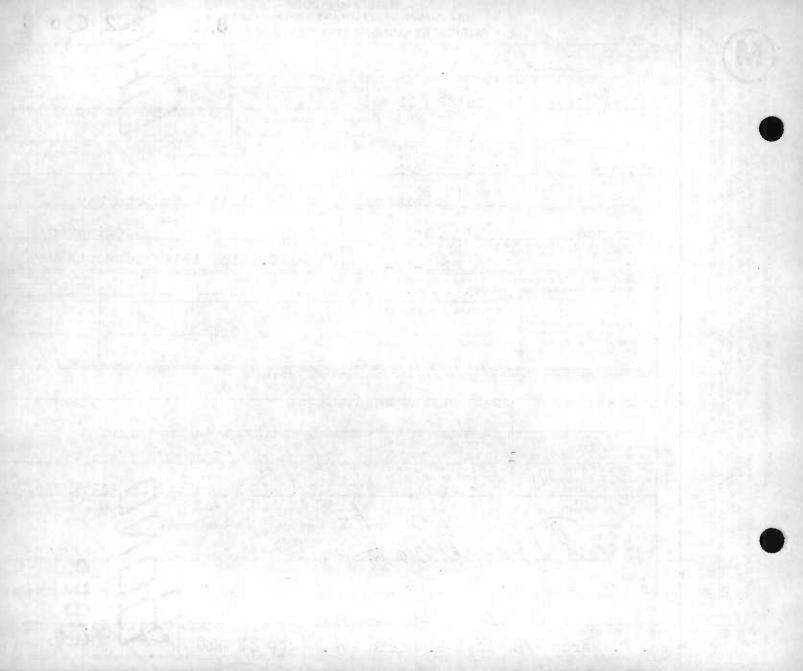


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	OR All e hasp DIREC oched to Dept. f Item		226. SIGNATURE	1	VIEW THE OPE	y oner deom.		DEGREE					22c D/	ATE SIGNE	5
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	(VRA 15, 4)	07	ELIA J. BU	LLOCK		HAVRI	EDE GRAC	CE, MD.	SE	P171	980	bereigh	7/	-Press	1



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(M)		CEASED NAME FIRST OR PRINT! G LAD	MIDDLE		L-PATRICK	20 DATE OF DEATH		Y YEAR / SO	26. HOUR
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IMORE,	160 V	VAS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES, GIVE V		1 SECURITY NO. 20 3441	Joseph Sm				•
201 W. PRESTON ST., B es that the death certifica ned by the attending phys plesse remove corbanpal uriol, cremotion, or remove r, or other troumotic event,		Conditions, if ony, which gove rise to immediate couse io, stoting the underlying couse lost	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON (c)	SEQUENCE OF	d Wilra				MATE INTERVAL INSET AND DEATH
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NG PHYS offer this of the burk	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR 1	IOWN	COUNTY	STATE
OR ATTENDIA he hospital or DIRECTOR. A cocked for use f. Dept. of Healt		220.1 certify that (I) (this haspite and object of the property of the propert	9/7/80	/	no that in (my) (our) opinion DEGREE ATTENDING	MEDICAL SI	TAFF		-
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE OR	PRINT) ICA AL	1100	22e ADDRESS UNIV.	OR M		SP.	77.0
7 U BP	(SURIAL, CREMATION, REMOVAL SPECIFY) remation	23b. DATE 9/9/80		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		PG	STATE Md
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FI	UNERAL DIRECTOR NAME nes/Rinaldi F	ADDR	RESS	25 SDA	PET 181 1980		AR'S SIEVE	





E. KING

- STATE

1980 BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR (Type of work for most of working life) INDUSTRY
Housewife 216 N. Conkling St. Willinghan Bur - sister 1435 W. King St., Cocoa, Fla. 32922 2 MONTHS UNKNOWN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE 820 _, and that in (my) (ear) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED Baltimore, Md. 3331 Brehms Lane 250, DATE REC'D. BY REGISTRAR 2 24 FUNSCHIMUNEK Funeral DHMH-16 30M 2/80 1980 (VRA 15, 4) Balto. Md. 21213 Home. Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

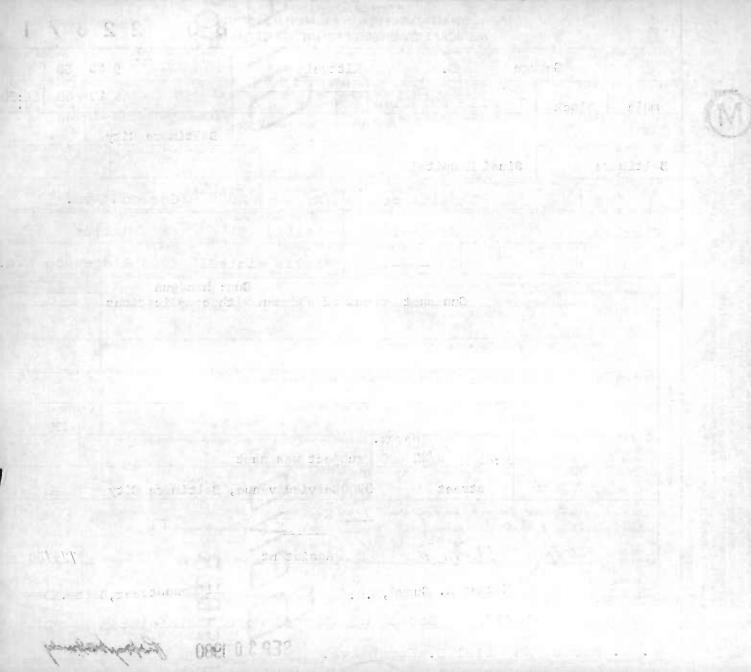
CERTIFICATE OF DEATH

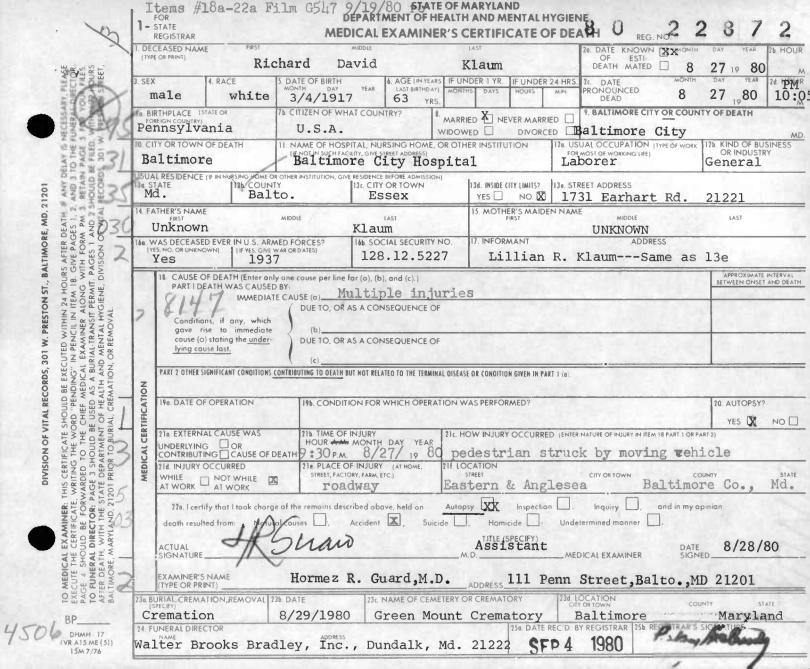
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DHMH-16 20M (VRA 15, 4) 7/7B REGISTRAR

233 S. Vincent Street HELMICK SHARON DENTON 3903 TWIN CIRCLE WAY. DITION GIVEN IN PART 110 WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN COUNTY STATE THOMAS TUCKER REMOVAL /BURIAL 09-20-80 ROSE HILL 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 BALTO., MD. ADDRESS 4107 WILKENS AVE HUBBARD FUNERAL HOME, INC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAY

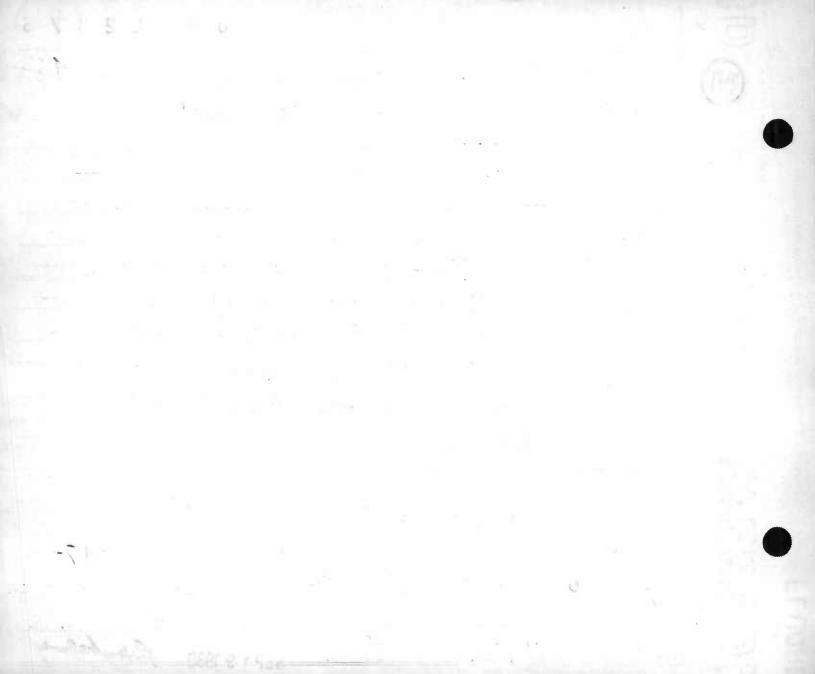
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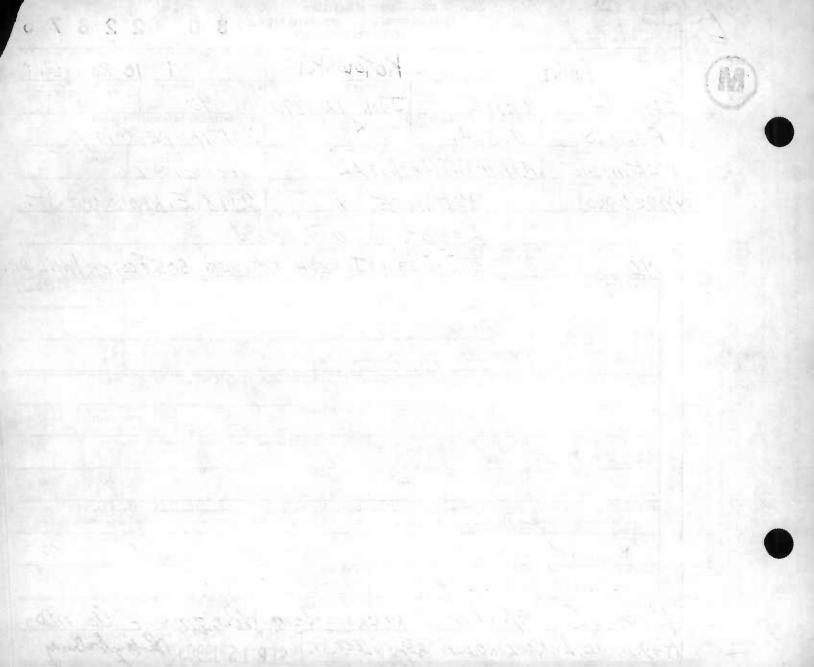
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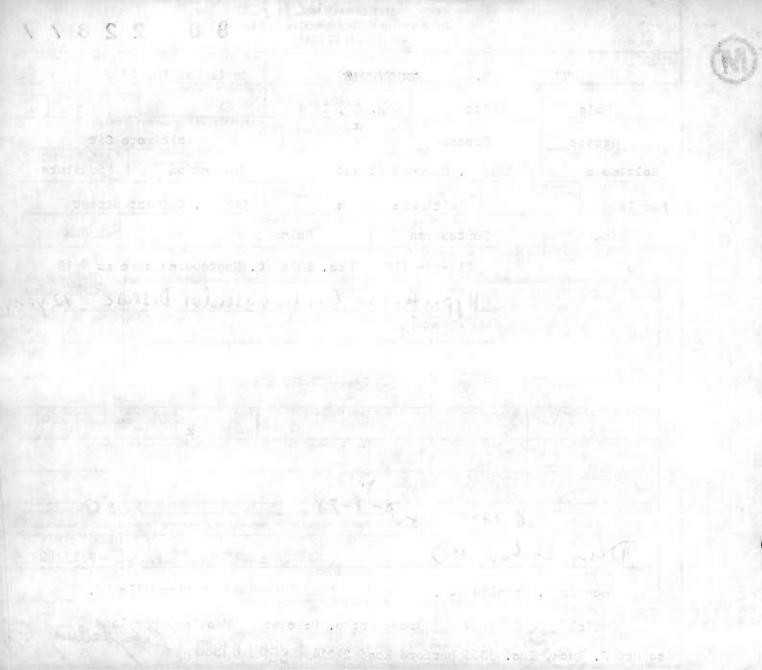




DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



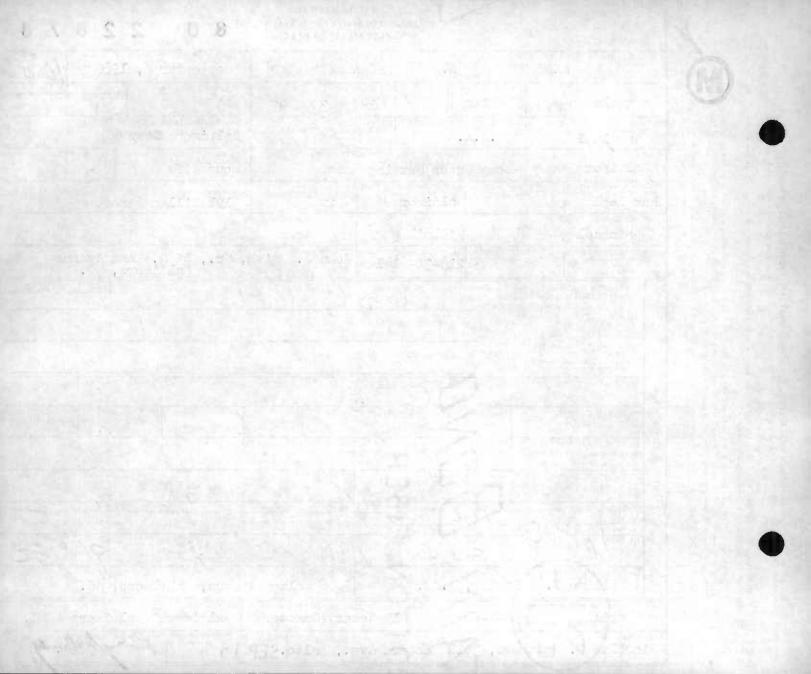
Nicholas T. Matthews, 3021 Eastern Ave., Balto SFP

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(VR A 15 (4))

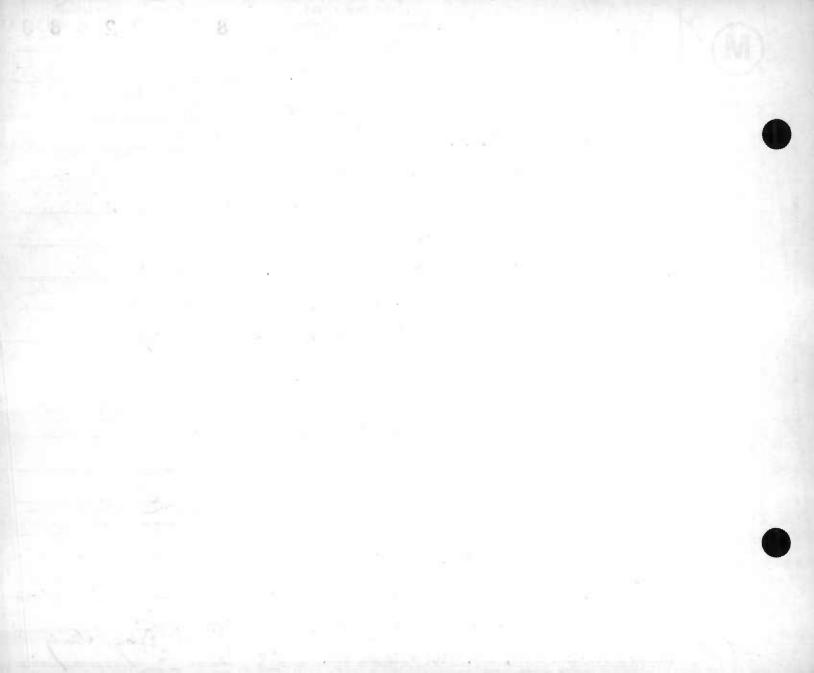
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



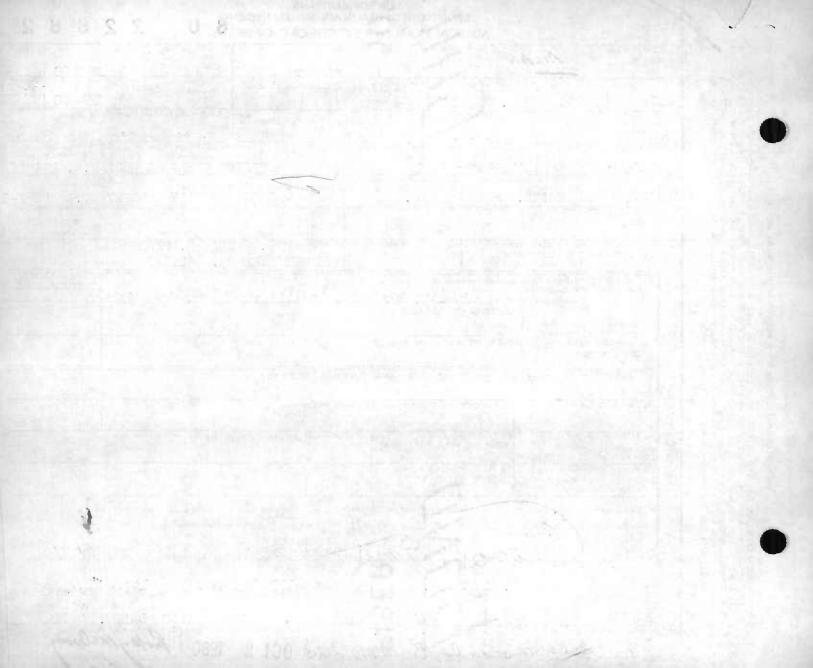
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE , . - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR Charles (TYPE OR PRINT) 225 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS White YEAR To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED timone 10. CITY OR HOWN OF DEATH 126 KIND OF BUSINESS OR Samanitan Hospita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [Timonium Road -21093 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST BALTIMORE, 160 WAS DECEASED EVE VE WAR OR DATES) NO OR UNKNOWN) les APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. 50400 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE Buria Parkyrod Cemetery DHMH-16 30M 2/80 Miller Inc-6415 Belair Road-21206 1980 (VRA 15. 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO RANK MIDOUS I CHARLE KROPP_))) DECEASED NAME 2a DATE OF DEATH MONTH (TYPE OR PRINT) 3. SEX RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MALE MARCH 23. 1910 WHITE 70 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED BALTIMORE, MD. U.S.A. BALTIMORE CITY. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE CITY HOSPITALS BALTIMORE . MD. RETIRED WEST . ELECT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 421 ELRINO ST.# 21224 MD. BALTIMORE YES X 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME LOUIS FIRST 20 KROPP ANTOINETTE FERRENCE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 421 ELRINO ST. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BALTO., 21224, MD. 215-05-4697 ANNA F. KROPP : 18 CAUSE OF DEATH Enter only one cause per_line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions. if any, which ta immediate stating SCIFRATTE CARDNAR underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NO YES NO \square 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE TIRM TOH. 22s.1 certify that (I) (this hospital threaded nd that in (my faur) apinion death accurred an the date and hour and from the causes stated SIGNATURE 22c. DATE/SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OF TOWN STATE (SPECIFY) COUNTY BURTAL BP. 9-20-80 ST. STANISLAUS CEM. 6515 BOSTON AVE BALTO 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTO 6224 EASTERN AVE. DHMH - 16 60M 1/75 (VR A 15 (4)) BALTO., 21224,MD.

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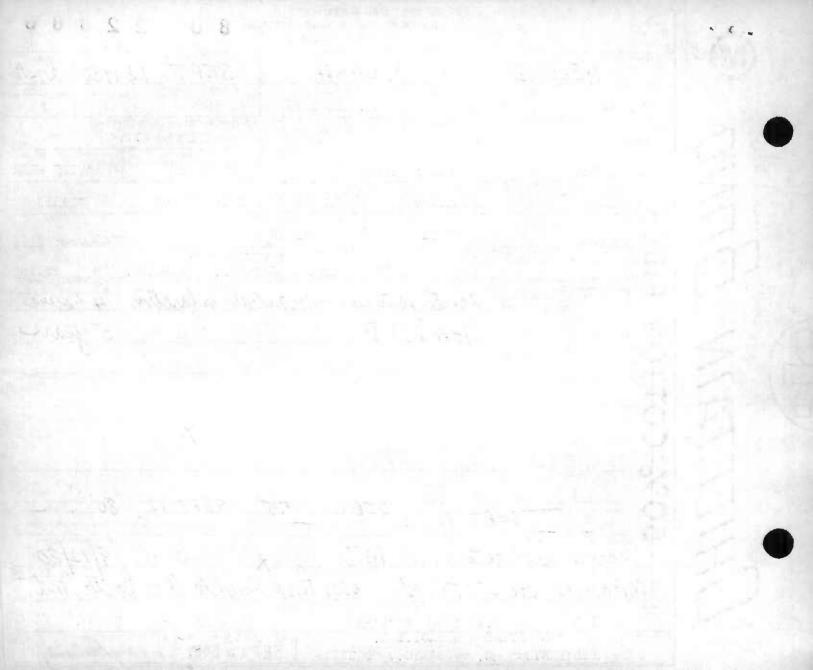
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DHMH-16 30M 2/80 (VRA 15, 4)	24	FUNERAL DIRECTOR SOL 6010 REISTERST	LEVINSON & BROS	.INC. O., MD 21215	SEP 1 9 1980	ISTRAR'S SIGNATURE					

6010 REISTERSTOWN MD.



Female 76 BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Pennsylvania 10 CITY OR TOWN OF DEATH 11. Baltimore 11 COUNTRY) Pennsylvania 10 CITY OR TOWN OF DEATH 11. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER 136 COUNTY Maryland Baltim Maryland Baltim	G547 9/16/80 rc DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 2	2 8 8 7	
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1000-100	GRAC	E V	LAFLAME	09/04/80	8:00a
10170		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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6	1.	FOR STATE REGISTRAR	DE		ICATE OF DEATH	YGIENE 8 0	2 2 8 8 8
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AL OR'ATTEN The hospital AL DIRECTOR. Belached for ur		sow the deceased alive on	4 .		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	e and hour and from the causes stated
O HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE OF	ORPRINT) AMMERMAN			10 EASTERN etimore Cit	are sind
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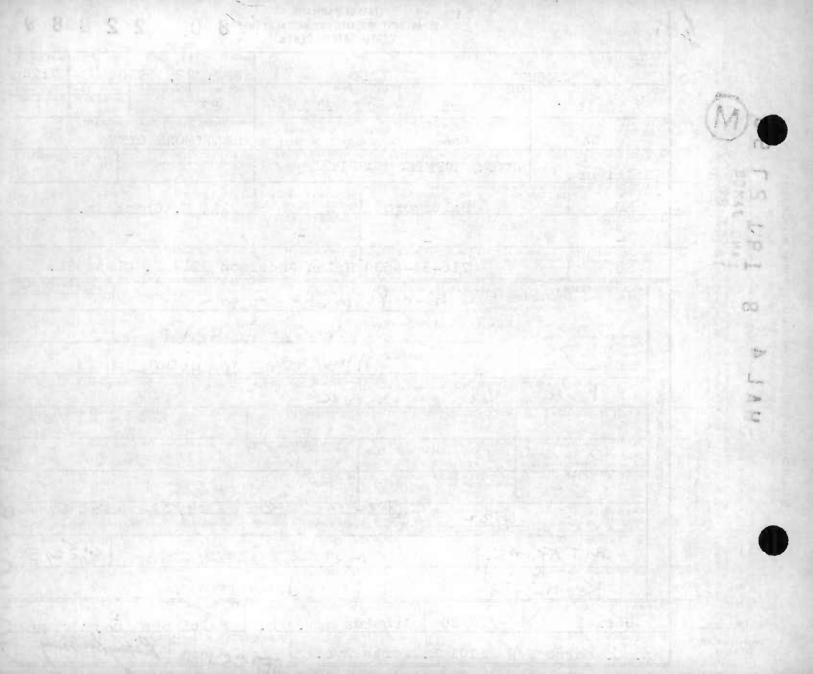


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAST 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 1980 LANG JAMES 4 RACE IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS gras Male Negro TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MD USA BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TIMESTIM SUCH UNCHARDENCE STREET RODDERS OS PITTAL Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 2214 E. Chase St MD YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Helen Anderson 2214 E. Chase St. 216-34-8530 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per fine for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 716. TIME OF INJURY 80 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE win 22a. I certify that (1) (this hospital) ottended the deceased from saw the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the body after death, 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF Should be detor with the State C MO PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d, PHYSICIAN'S NAME (TYPE OR PR 22e ADDRESS ean-23d LOCATION 230. BURIAL, CREMATION, REMOVAL 25b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE Burial COUNTY /26/80 Arbutus Mem. Pk Baltimore Ca MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 1101 E. North Ave. (VR A 15 (4)) Wm. C. March F/H



5		FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYG	IENE 8	O REG. N	2	2	8	9	0
	DEC	EASED NAME	FRST	GEORGE	MIDANDREW	LANC	GARTNER)	20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOU	?
	(TYPE C	ORPRINT)	GEOF	RGE	ANDREW	LAN	GGARTNER				9 ~	5 ~	80	2:30	P M
3	3. SEX			4 RACE		5. DATE C	F BIRTH	YEAR	& AGE (IN	YEARS LAST BIR	RTHDAY)	IF UND	ER I YEAR	IF UNDER	A HRS
	N	IALE		WHIT	E	4		32		48	YRS	MUNIHS	DAYS	HOURS	MIN
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		Y OR TOWN OF DEA	TH	11. NAME O	F HOSPITAL, NURSIN		R OTHER INSTITU	TION		L OCCUPAT		12b	KIND	EADO	VCROI
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME MONTH TYPE OR PRINT! AROQUE 10 Florence entember 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN TEARS LAST BIRTHDAY) IF LINDER 1 YEAR June 21, 1891 White 89 Female TO BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED T BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK EOR MOST OF WORKING LIFE Nursina BALTIMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Marylander Apartments YES 💢 Maryland NO IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Regis Flörence Green Laroque ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) 219 38 5308 Mr. Jean R. Laroque, Sherwood, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PRESTON ST te Reval failure 2º Kypo trusion Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Septie Short PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) RECORDS CERTIFICATION sleeysbeetony - Gaugerous Gall Blocker 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? remous Gall Birdele NO VITAL NO [Нуді 210. ACCIDENT WAS UNDERLYING 216. TIME OF INSURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) ottended the deceased from sow the deceased alive on deptember 800 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE 22r. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN | MPORTANT: 22e ADDRESS ld b MARGARET D. ELEY M.D. UNION MEMORIAL HOSPITAL 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Baltimore, Maryland 9/12/80 Loudon Park BP W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256 REMIN 24 FUNERAL DIRECTOR Henry DHMH-16 30M 2/80 Balto., Md. 4905 York Road 21212 (VRA 15, 4)

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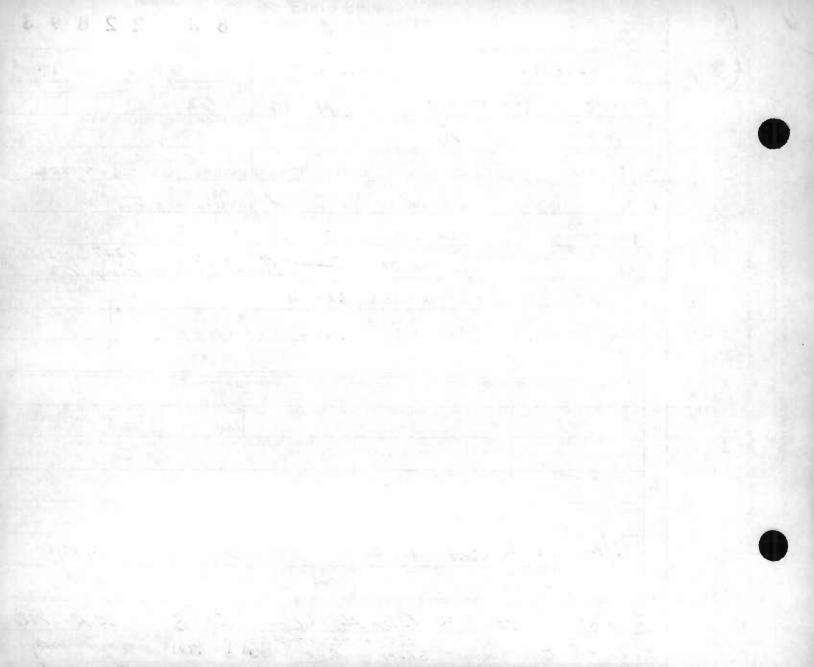
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WENGEREL OF REAL WINDS AND THE SERVICE REPORTED TO THE SERVICE OF Eurini Park Eultinore, Hans V. Jenine & Sons Co. SEE YORK FOR EATO. ME. 21212

To	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	2 2 8 9 3
9 (1		CEASED NAME FIRST ORPRINT) LALEREH	A V.	LA VOIE	REG. NO.	DAY YEAR 26. HOUR 27 1880 11:40 A
Page 4 may director, far hours offi-	3 SE	Femok	CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
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filled in board be fill	130 3	AL RESIDENCE (IF NURSING FOR THE STATE	OTHER INSTITUTION, GIVE RESIDENCE BEF 130 CITY OR TO CALCA BU	WN 13d. INSIDE CITY LIMITS	130 STREET ADDRESS	In Po.
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on and co		VAS DECEASED EVER IN U.S. AR (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 214-46	12 CU1 - 1	and La Voie -	Paren MA.
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of cathending physician. Wher this certificate has been signed by the attending physician and campletely filled in by as the buriol-transit permit. Then please remove carbonapapers, Pages 1 and 2 should be filled the and Mental Hygiene prior to buriol, cremotion, or removal. The angle of the property of the p	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO (b) MC(AS) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	tic Caramo	AINAL DISEASE OR CONDITION	GIVEN IN PART I (a)
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DING PHYSIC or attending After this cern e as the burial alth and Ment marked or liter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 231 LOCATION STREET	CITY OR TOWN	COUNTY STATE
E to 2 a to 5		220. I certify that (I) this haspi saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased from		death occurred an the date and	haur and fram the causes stated
ral OR A y the hos tal DIREC detached ote Dept.		226. SIGNATURE P	Bullet, 8		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIREC; should be detached? with the State Dept. (MPORTANT: If them 2)		HARVEY P.	BE. Ilian m	Scouth Balt	ben. 30,1 S. He	anover St
BP	23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE 236	NAME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN Clen Burnie	COUNTY A. STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU	DNAME OF S. Bar	ranco - Se	verna Park	E REC'D. BY REGISTRAR 256, REC	STRAR'S SIGNATURE

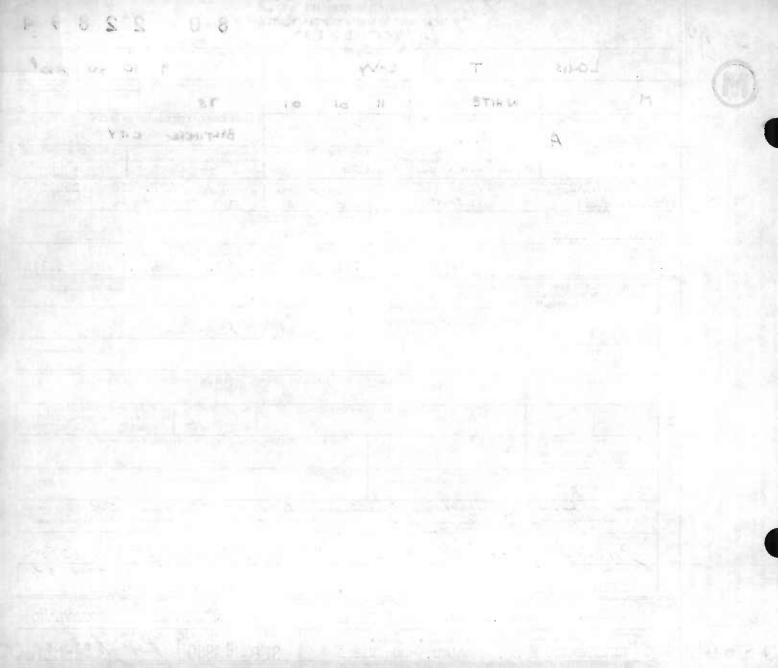


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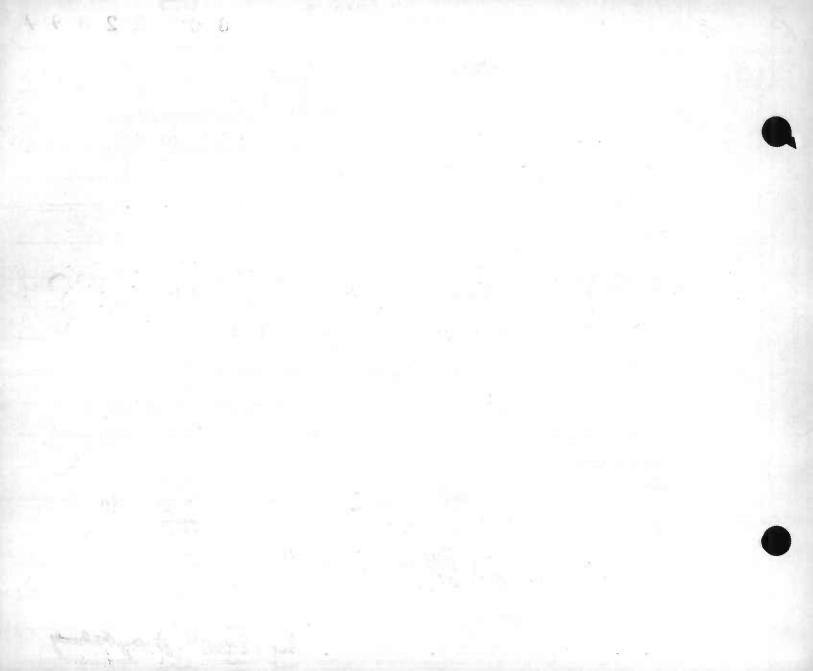
DIVISION OF VITAL RECORDS,

(VRA 15, 4) 1/79



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A PLENE THEM WHITE ARE 19, 1949 21 FEMALS 180. SECREMBY APE BALTO. MD. HARRERD ABERDEEN X WARN ICK ART. DUMPHO B. CILLTER HELEY B. MERGERTS - 220-52-5552/A. BEQUICE Nº B. COUTER HINER MO 010 BURGAL SEPTH, 80 ANGELHILL SEM, HOWEEDEGINGEHARDED MIN Pilluduson Hutchell HaveredE Grepas, No.



MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

DAY

2b. HOUR

20 DATE OF DEATH

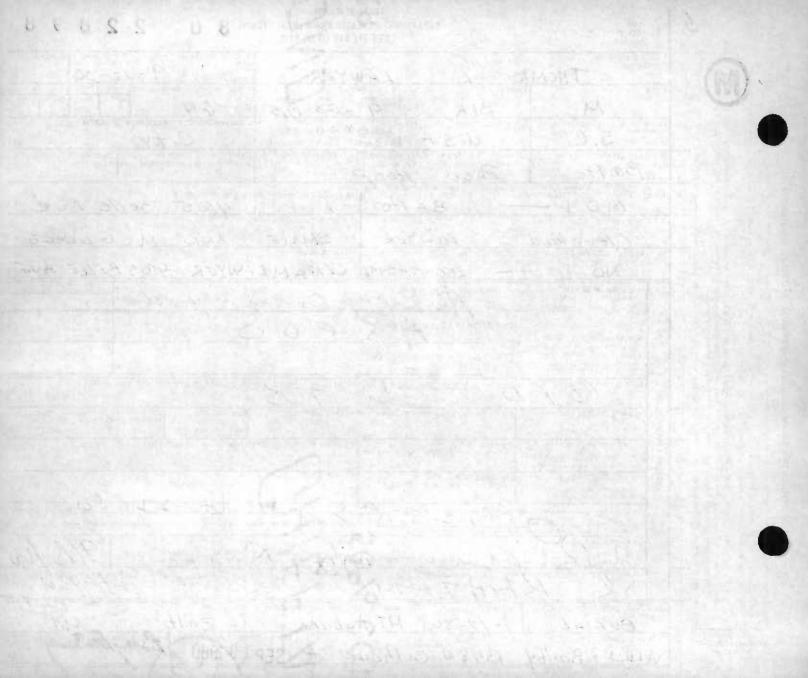
FOR

1 DECEASED NAME

REGISTRAR

- STATE

(VR A 15 (4))



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or attending physician.

	1 - STATE REGISTRAR			DEPART		EALTH AND MENTA ICATE OF DEATH		8 0 REG. N	2	2 8	9 9
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87	O CITY OR TOWN	OF DEATH	11. NAME OF H		NG HOME O	R OTHER INSTITUTION		UAL OCCUPAT	ЮИ	12b. KIND C	F BUSINESS OF
\$ G/U	Baltimo		1309	Asbury A	renue			utter			ing Mfg
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- 1	I NAS DECEASE	DEVER IN U.S. AR		166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS							
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oval.	14 CAUSE O	F DEATH (Enter on	ly ane cause per	line far (a), (b), ar	nd (C1.)					BETWEEN	MATE INTERVAL ONSET AND DEATH
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sase remove carbial, cremation, cry, or other trau	gave rise cause 1a1,	if any, which ta immediate stating the cause last	(b)_(Car	Gent C		Jarly.	e-	4 11 1	J.
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⊢ ts 3 €	230. BURIAL, CREM. (SPECIFY) Burial	ATION, REMOVAL	9/8/80			emetery or cremat nt Grove C	em. H	location city or town leasant	Grove		
IMH-16 25M A 15, 4) 1/79	24 FUNERAL DIRECT	Funeral.	Home 3	631~F411	s Road	21211	SEP 5	1980	25b. REGISTI	RAR'S SIGNAT	URE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

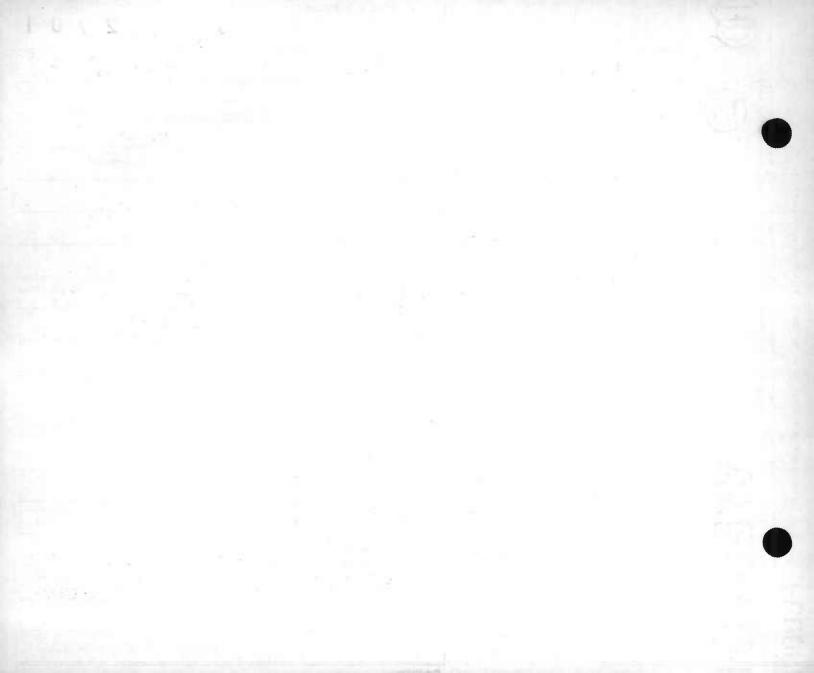
CERTIFICATE OF DEATH

REG. NO.

FOR

- STATE

REGISTRAR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR DECEASED NAME 20. DATE KNOWN KK MONTH (TYPE OR PRINT) ESTI-Thomas H Lee, JR DEATH MATED 9 10 1980 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOUNCED Male black. 16 19 64 YRS DEAD 19 80 9:40F To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, D.C. USA Baltimore City DIVORCED 120. USUAL OCCUPATION LTYPE OF WORK 126. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION St. Agnes Hospital Baltimore Machine Setter Western Elec SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 900 Kevin Road NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND OF VIT MIDDLE LAST MIDDLE Thomas Clara Henry Lee Sr. Alsop 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION No 26-10-3669 Gloria D. Lee 900 Kevin Road 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Cranio cerebral injury IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES XX NO 3 SHOULD BE DEPARTMENT 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 8/31 19 80 found at bottom of stairs at home CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY LATHOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK 212011 home 900 Kevin Road, Baltimore City AGE 4 SHOULD BE FOR DECTOR: 1 DEFECTOR: 1 FTER DEATH, WITH THE S ALTIMORE, MARYLAVD, 21 Autopsy XX. 22a. I certify that I took charge of the remains described above, held an Inquiry Inspection Hamicide Undetermined manner Suicide TITLE (SPECIFY) 9/11/80 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 PA TO 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 1236, DATE Burial 9-15-80 Arbutus Memorial Pk. Baltimore County, 24. FUNERAL DIRECTOR Herbert E. Nutter 3035-37 W. North Ave SEP 1980

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signed by the ottending physician and completely filled in by the funeral director hen please remove carbonpopers. Pages 1 and 2 shauld be filed within 72 hours of

medical exam

injury, or ather traumatic event, the

shauld be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mentol Hygiene prior ta burial, cremation, ar remaval

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

	1-	FOR STATE REGISTRAR	E DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	2 9	0 4		
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1	. 0	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY USA	79 8 MARRIEI WIDOWE	CALL THE RESERVE TO T	9. Baltimore City o	-	OF DEATH	MD.		
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0	14. FA	THER'S NAME William	F. LAST	11	15. MOTHER'S MAIDEN NAME FIRST MARY	ME MIDDLE C.		Arold			
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		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: an na.a		PARECST.			BETWEEN	MATE INTERVAL DINSET AND DEATH		
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		gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
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1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	23c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 P	ART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		

TO FUNERAL DIRECTOR: After this certificate has been

DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Leonard J. Ruck, Inc.

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME

sow the deceased alive on,

AYE

22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 9.14.80

23b. DATE

Sep 17 1980

Baltimore National

DEGREE m

22e ADDRESS

SAMARI

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

HOSPITAL

22c. DATE SIGNED

23d LOCATION
Catonsville 23c. NAME OF CEMETERY OR CREMATORY

Maryland

Baltimore, Maryland

ATTENDING

PHYSICIAN

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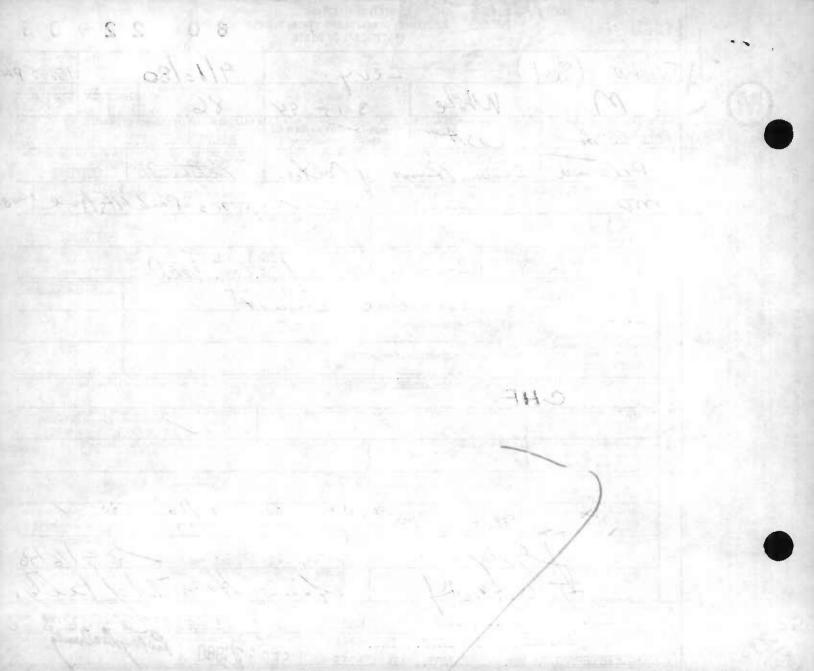
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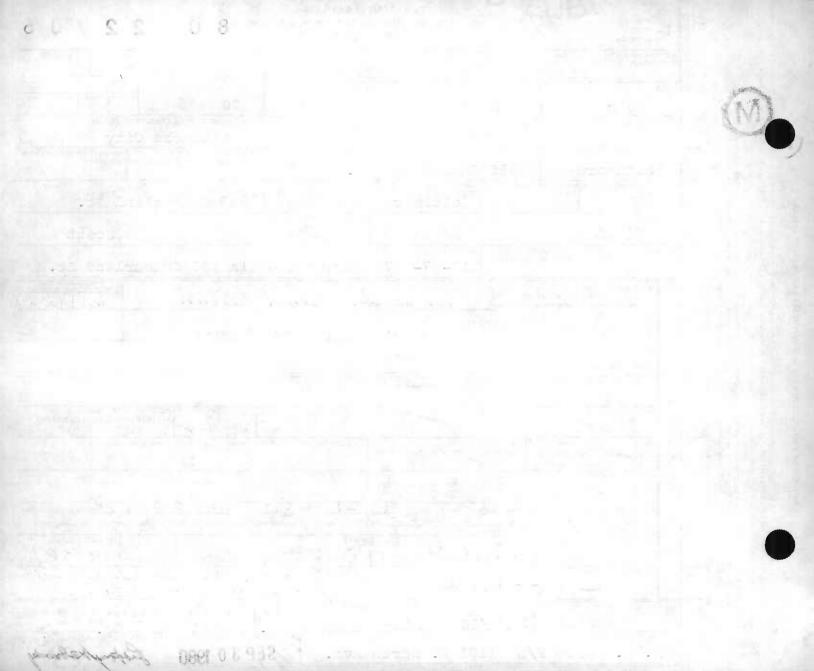
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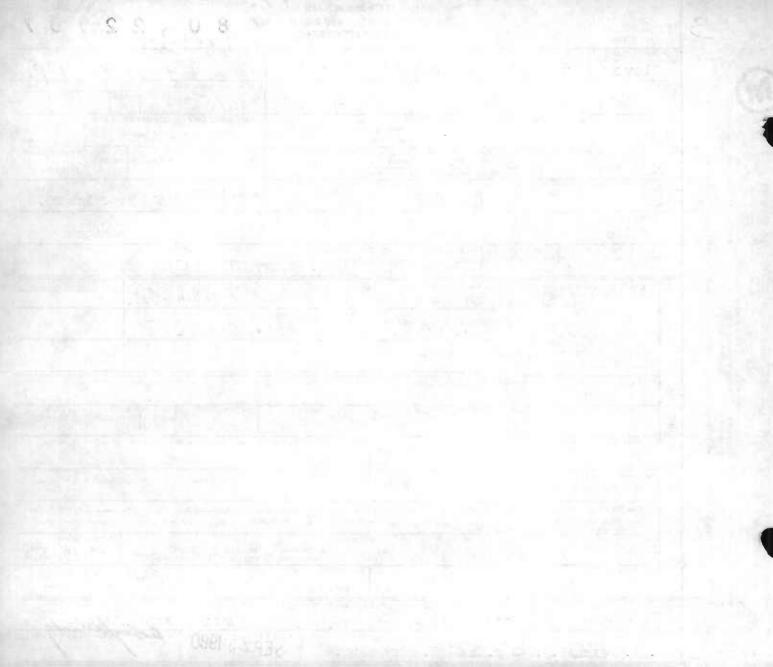
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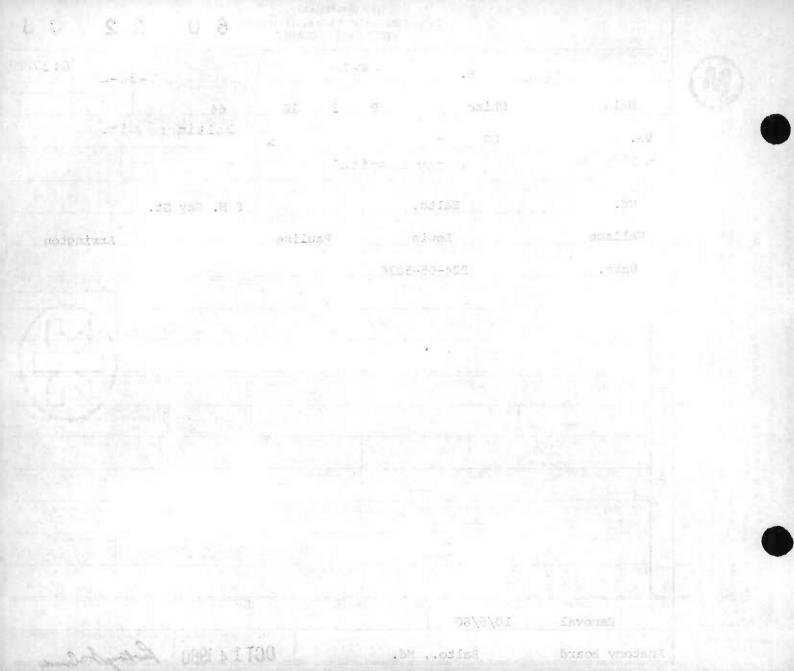
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imon e be ey an and Pages t, the r	/	(YES, NO OR UNKNOWN) (IF YES, GIVE	2	217-07-	3079	Margaret L	ewis 535 C	umberla	nd St.	
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DIVISION OF VITAL RECORDS, 201 W DDING PHYSICIAN: The law requires th strending physician. After this certificate has been signed by ss the burial-transit permit. Then please r th and Mental Hygiene prior to burial, or marked or Item 18 shows any injury, on	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION				NOT RELATED TO THE TERM	20e AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?	_
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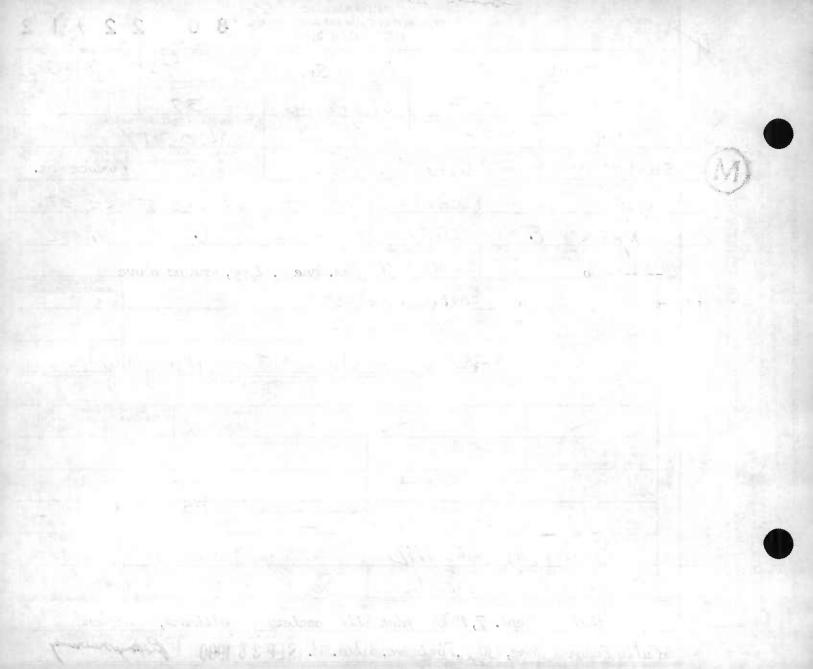


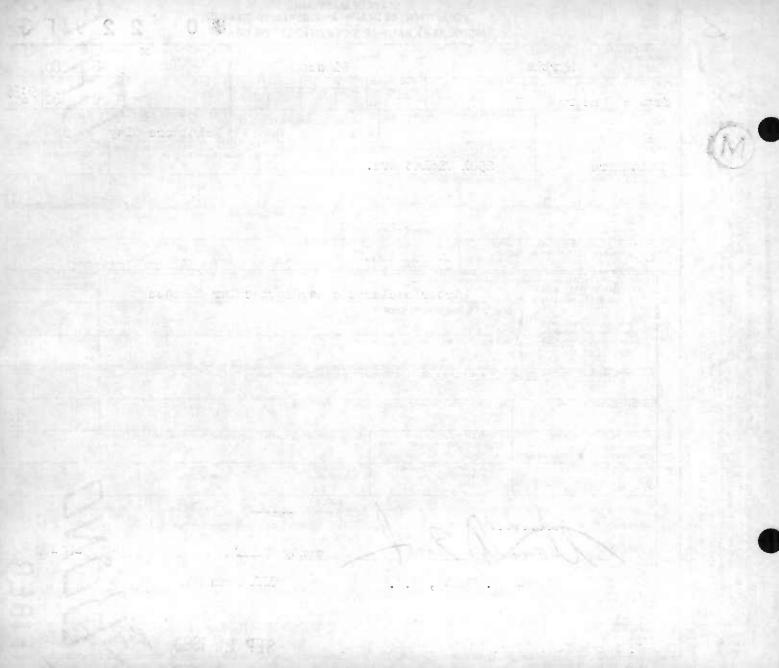
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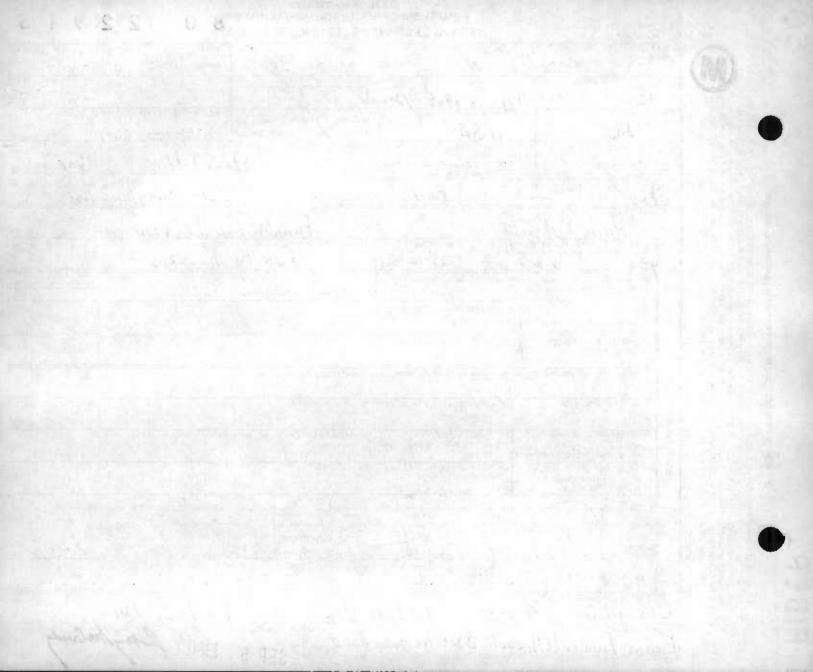
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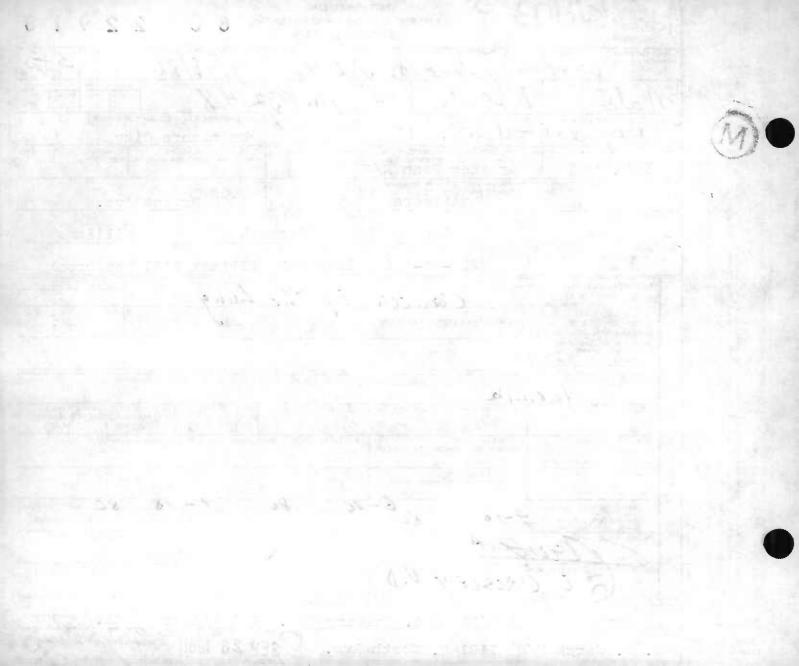
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH LITTLETON (TYPE OR PRINT) 05 IDALA F. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH White January 5, 1908 72 Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. Baltimore City Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (LYRE OF WORK FOR MOST OF WORKING LIFE) Medical Record Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Tabco Towers Joppa Road Mary/land Baltimore Towson-NOX YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME $^{\circ}$ MIDDLE FIRST MIDDLE unknown Finley Ē. Jacob June ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Mr. Lawrence Ewell 1606 Pinnter Road 216-24-4763A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES NO [Mento! Hygi 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220 I certify that (I) (this haspital) attended the deceased from, sow the deceased alive on. ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b LUTHERAN KOSPITAL SUZAPOL 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN Druid Ridge 9-15-1980 Maryland Burial Pikesville 24 FUNERAL DIRECTOR STRAR'S SINATURE ADDRES 1050 York Road DHMH - 16 50M 1/76 (VR A 15 (4)) Ruck Towson Funeral Home, Inc. Towson, Maryland

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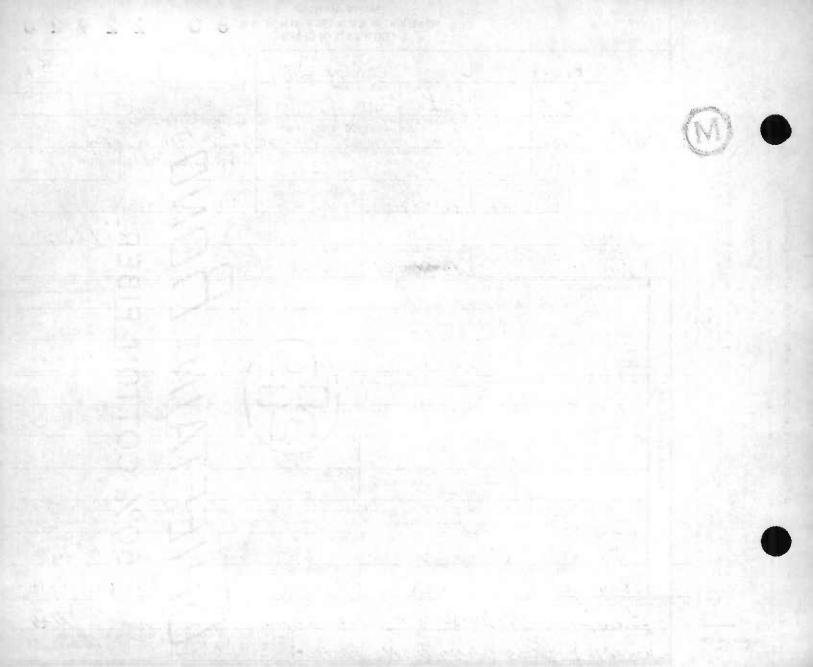
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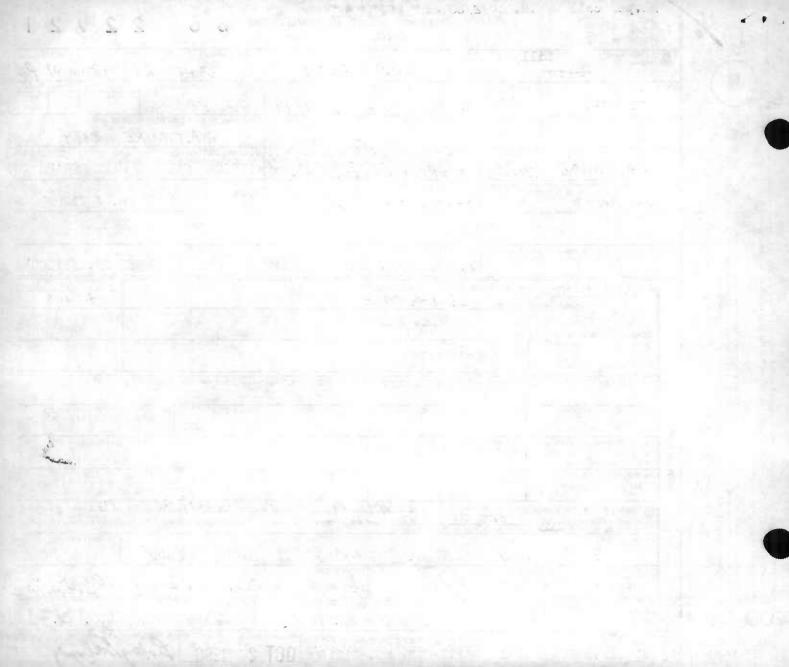


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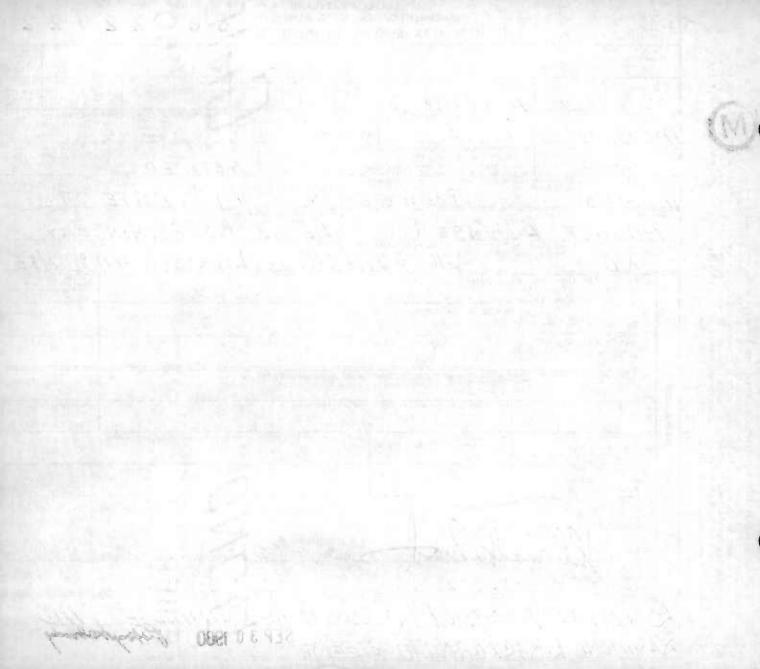
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		276 SIGNATORE RAMMANDE	Gangarosa	MD	ATTENDING PHYSICIAN	MEDICAL STAF	F _/	220. DATE SIGI	NED -80
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<u>×</u>	23a. E	URIAL CREMATION, REMOVAL	23b. DATE 9-24-80 13	NAME OF CEME	TERY OR CREMATORY	23d. LOCATION WORTOWN	lunne	UNITY S	net
0	24 F	NERAL DIRECTOR NAME OSEPON Rus	55 23 3 7 M	Norti		EP 2 4 1980	25b. REGISTRAR'S	SSIGNATURE	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 20. DATE KNOWNXX MONTH 26 HOUR TYPE OR PRINT) OF ESTI-26 19 80 John Lowensen, Sr. 6. AGE IN YEARS IF UNDER 1 YR. 2d. HOUR 4. RACE DATE OF BIRTH IF UNDER 24 HRS. . SEX 2c. DATE PRONOUNCED DEAD Male White 1980 TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED S DIVORCED Baltimore City KIND OF BUSINESS ID CITY OR TOWN OF DEATH OCCUPATION LTYPE OF WORK OR INDUSTRY Baltimore Wolfe Street S. SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Do. STATE 13e. STREET ADDE 13b. COUNTY 14. FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES DIVISION I IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR SED AS A BURI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO T 3 SHOULD BE I DEPARTMENT C PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE 220. I certify that Maak charge of the remain a described above, beld an TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND, 2 Autapsy and in my apinian death resulted fr Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME PENN ST. BALTO., MD. Thomas Smith. TYPE OR PRINT **DHMH-17** (VR A15 ME (5)) 15M 7/76



DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20 DATE OF DEATH I DECEASED NAME 2b HOUR Luvania) Edwards TYPE OR PRINT 30 80 AMM LOWNDES 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR YEAR Female Negro BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? NEVER MARRIED COUNTRY MARRIED Md. Balto. DIVORCED | WIDOWED BALTO, CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE
13a COLINTY Retired UNION MEMORIAL HOSPITAL 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 2615 Robb St. City Md Balto. NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST Richard Edwards Mamie Vallace 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Agnes Evans 2615 Robb St. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Carcinona bonel 2 VF5 IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b IF YES, WERE FINDINGS LISED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO X 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 80 80 that (1) (We) lost 22a.1 certify that (1) (this haspita) attended the deceased from 80 sow the deceased alive on. and that in (my (our) opinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death. 22c. DATE SIGNED 226 SIGNATUR DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/B0 (VRA 15, 4)

Hem 18

MPORTANT:

FOR

9/16/80 Buria 24 FUNERAL DIRECTOR

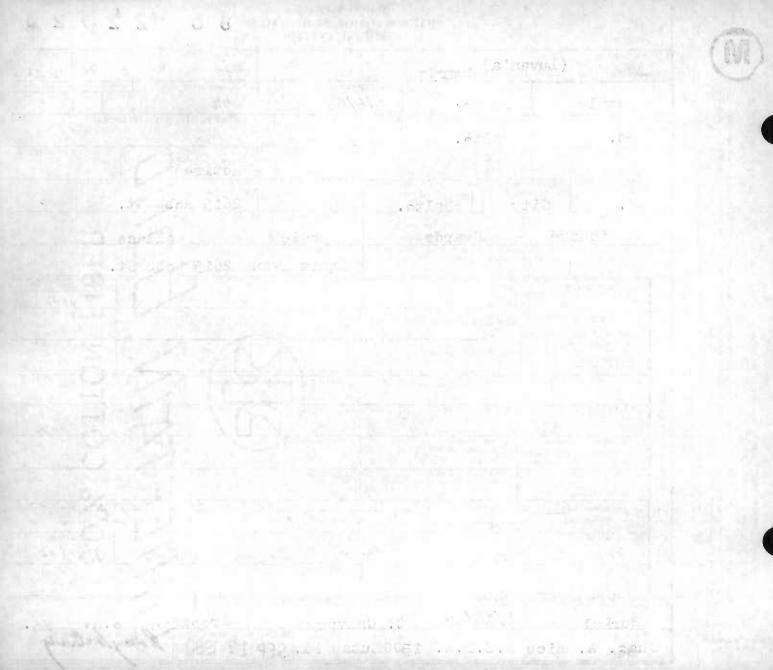
236 LOCATION Brookly

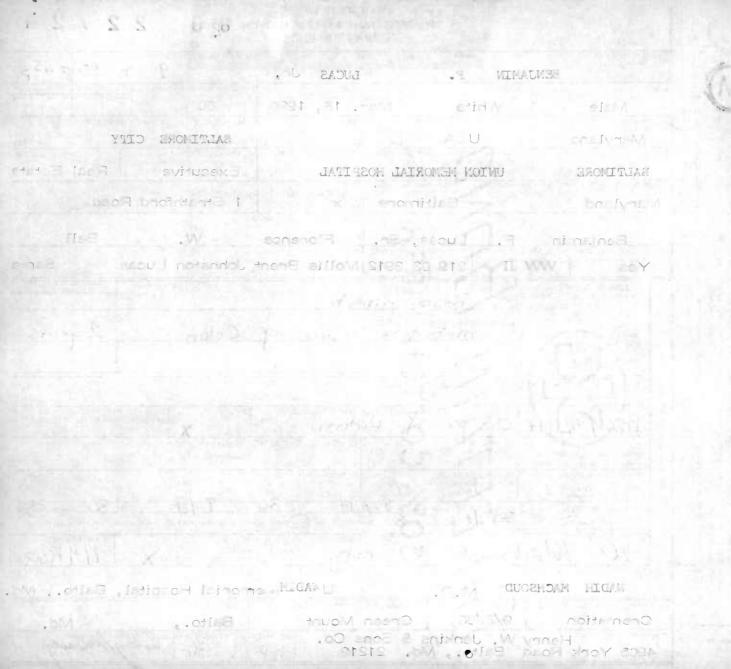
COUNTY

STATE

Rice F.S.P.A. CORE 300 Eutaw

25a. DATE REC'D. BY REGISTRAR





See item 18-22 film G 551 1/2// STATE OF MARYLAND

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Tully Funeral Home, 130 E. Fort Ave. Balto. Md.

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DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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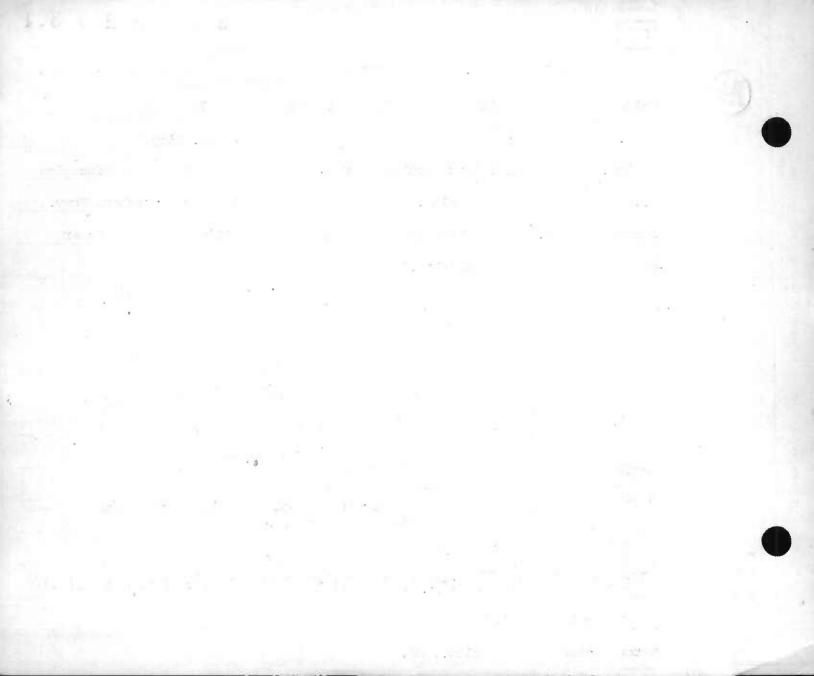
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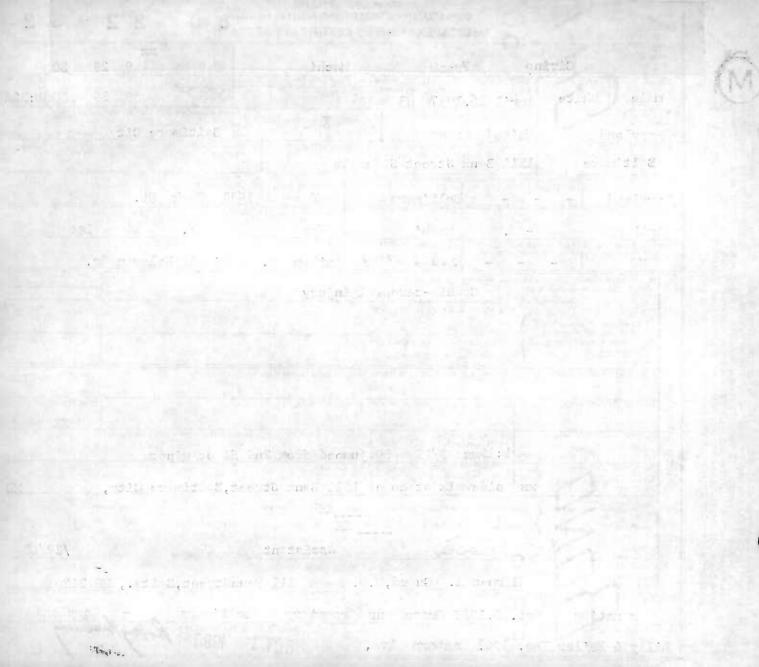
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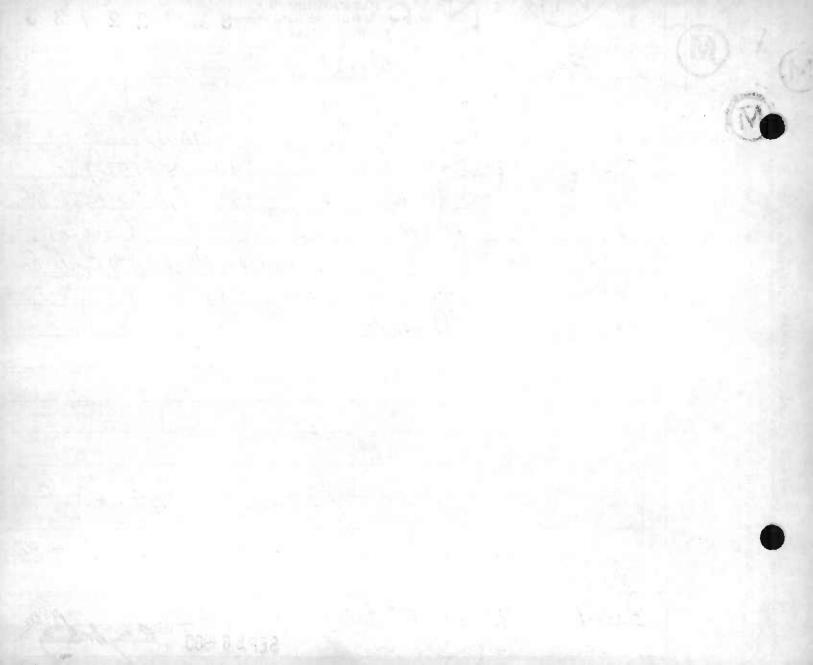
STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME 20. DATE KNOWN K MONTH (TYPE OR PRINT) OF ESTI-E. 80 Margaret Maben DAY 80 a . M 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Quality Control Md. Glass 2821 Sunset Drive Williams 2821 Sunset Drive BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) subject was driver in auto/auto collision 900 blk. W. Patapsco Ave., Baltimore, Md. 9-17-80 Sykesville Md. 9/20/80 Lake View Mem. Pk Carroll Burial 24. FUNERAL DIRECTOR Hubbard Funeral Home 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 2 4 9 9 2: 1 Reflection injudice to m 12012 1980 Fraybolowy



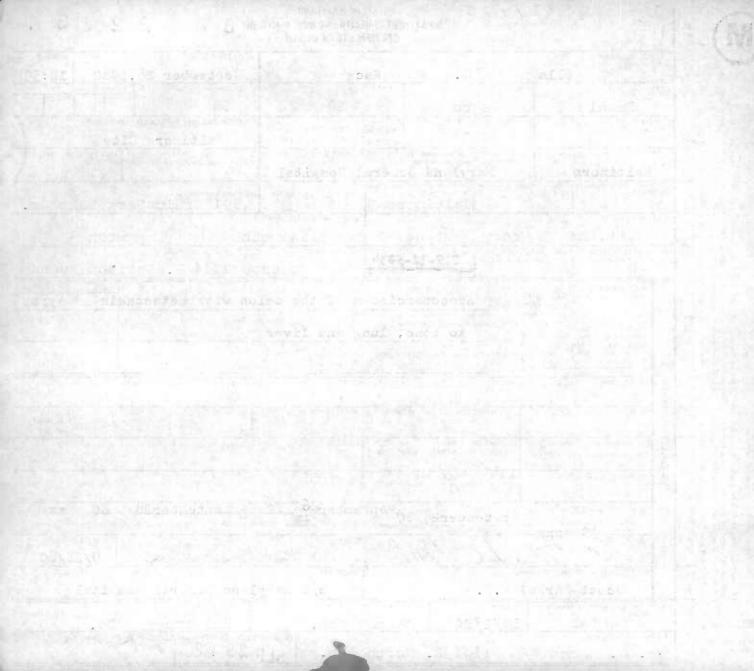


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1506BP	23a E	BURIAL CREMATION, REMOVAL 21 DAY 1/80 MT RUBULNOM 23d. LOCATION COUNTY SPECIAL COLOR CO	
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FU	UNERAL DIRECTOR NAME NAME NAME ADDRESS N. Schrage SEP 2.6 1980	

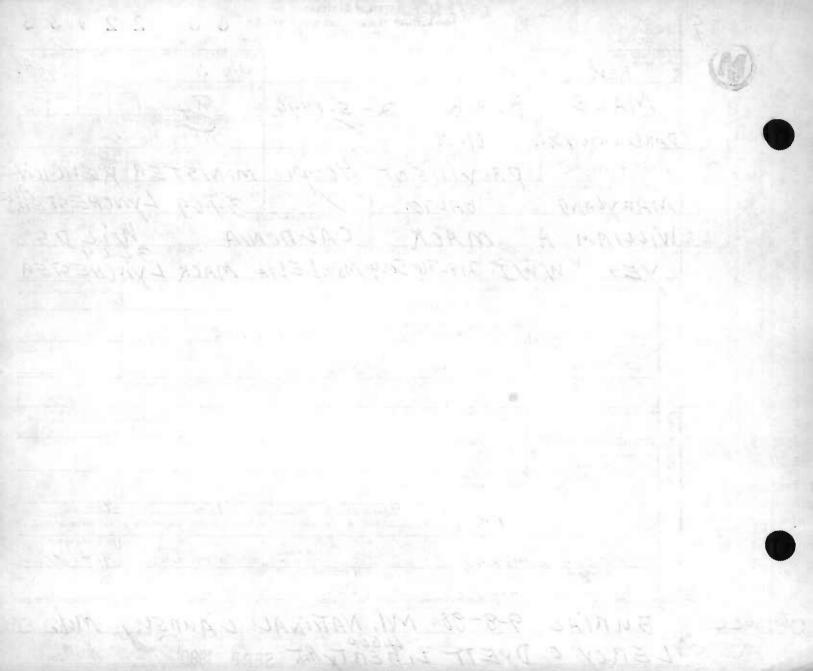


Item 16b G 548 10/7/80 GB

DIVISION OF VITAL RECORDS, 201 W.



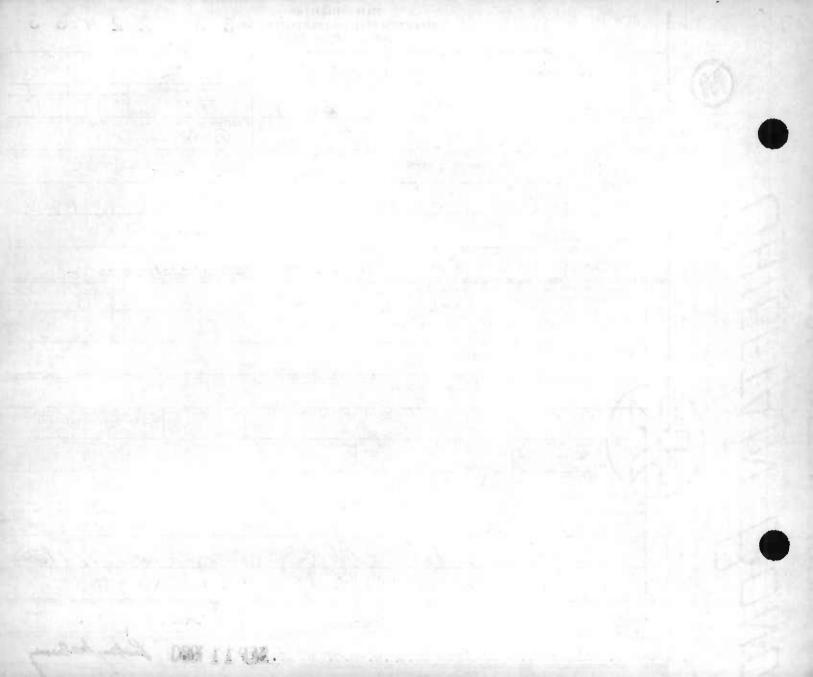
				STATE OF MARYLAND		
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		7 - 1	1 1 219-24	1/	A MACK	LYNCHESIE
	1	PART I. DEATH WAS CAUSED				BETWEEN ONSET AND DEA
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een signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatio		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	1 0 /		-V-24
ned pleas vurial jury,		PAPT 2 OTHER SIGNIFICANT CC	NOTIONS CONTRIBUTING TO	FOLUIRE . DEATH BUT NOT RELATED TO THE TERM	AINIAI DISEASE OR CON	DITION CIVEN IN PART 1/-
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te has bermit iene pr	TEIC				YES NO	IN CERTIFYING CAUSES OF DEATH?
ifica nsit Hyg n 18	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR		
ig physical this cert in the c		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		
ing ph r this c burial d Men	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OF TO	YN COUNTY STATE
After the but h and harked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TO	YN COUNTY STATE
		22a.1 certify that (1) (this hospital		9/2/80 19		, 19 80 , that (I) (we) I
ital c		saw the deceased alive on above, (1) (we) (did) did not)	9/4/20 19	and that in (my) (our) opinion	death occurred on the d	ote and hour and from the causes stated
DIRECTOR:		22b. SIGNATURE	view life body offer death.	DEGREE		22c. DATE SIGNED
y the hosy the hosy the hosy the hosy detached detached (ate Dept. NNT: If It		* Manni Il	WALL DID	ATTENDING PHYSICIAN [MEDICAL STA	
FUNERAL UID BE State OORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT)	22e ADDRESS		111100
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be remained by the hospital or attending physician	
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BP____ DHMH - 16 50M (VR A 15 (4)

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6	1. DE	REGISTRAR CEASED NAME FIRST	hard MIDDLE	M	action	REG. No.	O. MONTH DAY YEAR	26 HOUR 4:05
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ol exominer mu		onnie Macklin	MIDDLE LA	AST	Annie	Fishe		LAST
Poges I	160 \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN (IF YES, GIV		070774	Mrs. Sarah I	ADDRE	e/same as 1	.3e
Then please remave car r to burial, crematian, ar injury, ar other traumati	NOI	Canditions, if any, which gove rise to immediate cause Ial, stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON b)	NSEQUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN IN PART	1to
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detacher tote Dep		226. SIGNATURE	I. Reds	ula		MEDICAL STAI	FF 9	2/80
should be d		22d. PHYSICIAN'S NAME (TYPE O	L. Redne		Good Same	tan Hos	ital, Bal	t. Mb.
s \$ <u><</u>		BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 9-6-80	23c NAME OF C		Richmond		
M 1/76 (4) }		UNERAL DIRECTOR NAME T. Rhines Co		RESS St., N.E.,		EP 11 1990	25b. REGISTRAR'S SIGN	ATURE



4	TOR STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	REG. NO.	2 6 1 9 1
(M)	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	MACLEN	20 DATE OF DEATH MONT	30 80 6:20Am
ge 4 moy	3. SEX Male	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	YRS. 1 27 HOURS MIN.
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in 24 hain 24 hain 24 hain 34 hain 34 hain should be erfmyst b	130. STATE MORY AND 14 FATHER'S NAME	TY 134 CITY OF			e Avenue
completel	Jemy A	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	MIDDLE	Cannon
LTIMORE be exection ond its. Pages he medica	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	one Machelle M	,	Ave. Annapolis, M
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R ATTENDIN hospital or a RECTOR: Aft hed for use as ept. of Health tem 21 is morthern tem 21 is morthern and the sept.	22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	ol) attended the deceased to the body after death.	_19_ 80 , and that in (my) (our) op	inion death accurred on the date o	nd hour and from the causes stated
The property of the contract o	226. SIGNATURE 4. 77. V	aughan	ATTENDIN PHYSICIA	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	9/30/80
TO HOSPITA retained by TO FUNERA should be de with the Stat with the Stat IMPORTANT	230. BURIAL, CREMATION, REMOVAL	augha 123b. DATE	n Univ.	of Marylan	d Hospital
BP	BURTAL	10-3-1980	PINELAWN MEM. PAR	K Annapolis	A.A. Maryland
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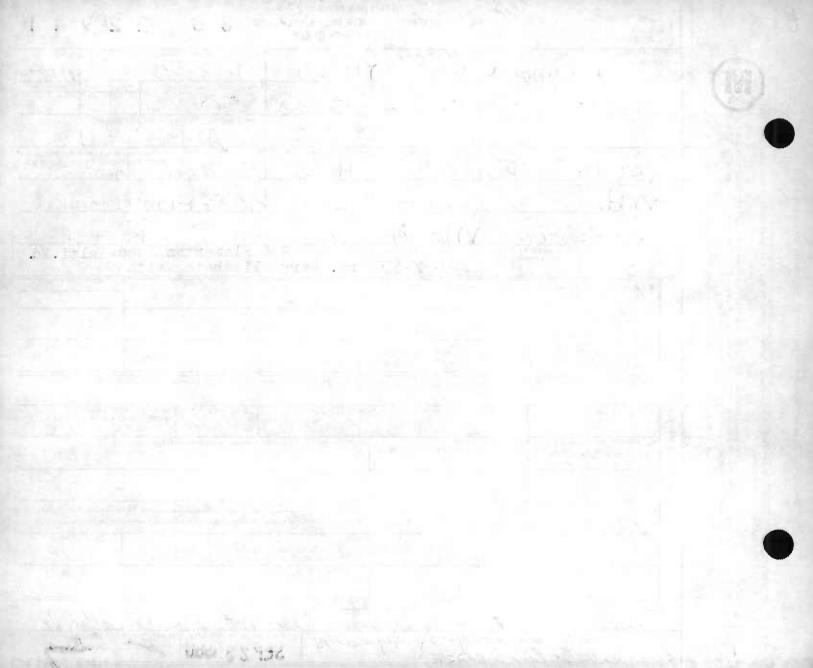
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	- STATE REGISTRAR			EPARTMENT OF				REG. NO.	2 9 3	3
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	Male	4. RACE White	S DATE OF BIRTH	YEAR LAST BIRTHE	PAY) MONTHS	DAYS HOURS	R 24 HRS. 2t. DATE PRONOUNCE DEAD	MONT CED		11 11:
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5 13a	STATE MD	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimore	ION)	INSIDE CITY LIMITS	13e STREET ADDRES 3646 S.	s Hanover	Street	
14.	FATHER'S NAM FIRST Charle		MIDDLE W.	Macneal,		MOTHER'S MAIN	DEN NAME CZ	OIE	Boll	
160		ED EVER IN U.S. ARA		166. SOCIAL SECURIT	N NO. 17.	INFORMANT M 611 Orpi	r. Charles n Rd., Apt.		eal, Jr.	2113. wn, i
	PART I D	IMMEDIATIONS, if ony, which rise to immediate a) stoting the under- use lost.	DUE TO, OR A		OF OF		cular Disea	ase	BETWEEN ONS	ET AND DEA
	DARK CORNER	CONTRACTOR ASSESSMENT								
CATION		F OPERATION		IT NOT RELATED TO THE TERM			PART 1 (a).		20 AUTOPS	.5
AI CEDTIFICATION	19a. DATE O	F OPERATION AL CAUSE WAS G OR	19b. CONDITION OF HOUR A.M.	ON FOR WHICH OPER	RATION WAS I	PERFORMED?	RRT 1 (a). RED LENTER NATURE OF MJU	RY IN ITEM 18 PART 1 OF	YES 🍱	
MEDICAL CEDITION	210. EXTERN UNDERLYING CONTRIBUT 21d. INJURY	F OPERATION AL CAUSE WAS G OR ING CAUSE OF E	19b. CONDITION 21b. TIME OF HOUR A.M. DEATH P.M. 21e. PLACE OI	ON FOR WHICH OPER	RATION WAS I	PERFORMED?			YES 🍱	
	19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	AL CAUSE WAS G OR ING CAUSE OF COCCURRED NOT WHILE AT WORK	21b. TIME OF HOUR A.M. P.M. 21b. PLACE OF STREET, FACTO	ON FOR WHICH OPER NJURY MONTH DAY YEA 19 FINJURY (AT HOME, RY, FARM, ETC.)	RATION WAS I	PERFORMED? INJURY OCCURF T X Inspection Homicide	CITY OR TOWN	N and in my	YES (\$\frac{1}{3}\) COUNTY Opinion	NO [
	210. EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22a. 1 cert	AL CAUSE WAS G OR ING CAUSE OF DOCCURRED NOT WHILE AT WORK If y that I took chorg ted from: Notur	21b. TIME OF I HOUR A.M. P.M. 21e. PLACE OF STREET, FACTO Tol couses	ON FOR WHICH OPER NJURY MONTH DAY YEA 19 FINJURY (AT HOME, RY, FARM, ETC.)	RATION WAS I R 21c. HOW 21f. LOCAT STREE Autopsy vicide	PERFORMED? INJURY OCCURE ION I Inspecti	CITY OR TOWN On , Inquiry [Undetermined man	ond in my	YES S PART 2) COUNTY COUNTY TE 9/5	NO [

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	REGISTRAR]	AE FIRST	GD	MIDDLE MIDDLE		LAST	2a. DA	REG.		DAY	YEAR	2Ь.
3. SI	THE OR PRINTI	Dona	ld	I.	V	Mahoney	DEA	F ESTI-	9		19 80	
3. SI	EX	4 RACE	5 DATE OF BIRT	Y YEAR LAST BI	HYEARS IF U		MIN PRON	ATE OUNCED	HIMOM	DAY	YEAR O -	13
	male	white	May 126	,1924 -53	YRS.			EAD	9	1	19 80	
	FOREIGN COUNTRY)		76. CHIZEN OF	WHAT COUNTRY?	MARE	3.537	IED 📙	TIMORE CITY			DEATH	
	Balto.,		II NAME OF H	USA OSPITAL, NURSING H	WIDOV		ED Ba.	Ltimore			ND OF BUI	SIN
	Baltim		(IF NOT IN SUCH	Lk. W. 29th	ESS)	TER HASHIOTION	FOR MOST OF	working LIFE)		OF	RINDUSTR	RY
	JAL RESIDENCE	(IF IN NURSING HOM	E OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE AD	MISSION)	to company and a second	1			1		
130.	STATE Marylan	d 136/COU	INTY	Baltimor		136. INSIDE CITY LIMITS?	13. STREET AC	Miles	Ave.			
14.1	FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE			LAST	
						100						
	(YES, NO, OR UNKNO	DEVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SEC		17. INFORMANT	E0:	ADDRE				
	Unk.			219-22-		Terry Mu	rray 52.	I W. 21	tn St			
	18 CAUSE O	OF DEATH (Enter of EATH WAS CAUS	only one cause per l SED BY:	Fatty Li	ror 1	Unpended 11	-17-80			BETV	PPROXIMATE WEEN ONSET	INI
	57		ATE CAUSE (a)			onponder 11				-		
	Condition	ons, if ony, which		OR AS A CONSEQUEN	ICE OF							
	gove r	ise to immedia	te / (b)								3.7	
												-
	lying ca) stoting the <u>unde</u> use last.	DUE TO,	OR AS A CONSEQUEN	ICE OF							H
	lying ca	use last.	(c)			6.00.000						
Z	PART 2 OTNER S	use last.	(c)			SE OR CONDITION GIVEN IN PA	RT 1 (a).					
ATION	PART 2 OTNER S	use last.	(c)NS CONTRIBUTING TO DEA		TERMINAL DISEA		RT 1 (a).			20 A	AUTOPSY?	
IFICATION	PART 2 OTNER S	use last.	(c)NS CONTRIBUTING TO DEA	ATN BUT NOT RELATED TO THE	TERMINAL DISEA		RT 1 (a),	4				
ERTIFICATION	PART 2 OTNER S	use last. IGNIFICANT CONDITION F OPERATION AL CAUSE WAS	(c)	ATH BUT NOT RELATED TO THE	TERMINAL DISEA			OF INJURY IN ITEM	18 PART I OR F	,	AUTOPSY?	
AL CERTIFICATION	PART 2 OTNER S	USE LOST. FOPERATION AL CAUSE WAS G OR	(c) 19b CON 21b TIME HOUR A	ATH BUT NOT RELATED TO THE	TERMINAL DISEA OPERATION V YEAR 21c. H	WAS PERFORMED?		of injury in Item	18 PART 1 OR F	,		
EDICAL CERTIFICATION	PART 2 OTNER S 19a. DATE O 21a. EXTERN UNDERLYING CONTRIBUT 21d. INJURY	FOPERATION AL CAUSE WAS G OR ING CAUSE O	(c) (S CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE IDITION FOR WHICH C OF INJURY A.M. MONTH DAY 2.M. 15	TERMINAL DISEA OPERATION V YEAR	WAS PERFORMED? HOW INJURY OCCURRI	ED (ENTER NATURE C			PART 2)		
MEDICAL CERTIFICATION	PART 2 OTNER S 190. DATE O 210. EXTERN UNDERLYING CONTRIBUT 210. INJURY	FOPERATION ALCAUSE WAS G OR INC CAUSE O OCCURRED NOT WHILE	(c) (S CONTRIBUTING TO DEA	OF INJURY A.M. MONTH DAY P.M. 15	TERMINAL DISEA OPERATION V YEAR	VAS PERFORMED?	ED (ENTER NATURE C	DF INJURY IN ITEM		,		
MEDICAL CERTIFICATION	PART 2 OTNER S 190. DATE O 210. EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK	FOPERATION AL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK	196 CON 196 CON 216 TIME HOUR A F DEATH 210 PLAC STREET, F	OF INJURY A.M. MONTH DAY P.M. 15 E OF INJURY (ATHOM- FACTORY, FARM, ETC.)	TERMINAL DISEA OPERATION V YEAR O AE, 211. LC	WAS PERFORMED? HOW INJURY OCCURRI DOCATION STREET	D (ENTER NATURE O	DR TOWN	c	PART 2)		
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MEDICAL CERTIFICATION	PART 2 OTNER S 190. DATE O 210. EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK	F OPERATION AL CAUSE WAS G OR OCCURRED NOT WHILE AT WORK	196 CON 196 CON 216 TIME HOUR A F DEATH 210 PLAC STREET, F	OF INJURY A.M. MONTH DAY P.M. 15 E OF INJURY (ATHOM- FACTORY, FARM, ETC.)	TERMINAL DISEA OPERATION V YEAR O AE, 211. LC	NAS PERFORMED? HOW INJURY OCCURRI DOCATION STREET Inspectio Homicide	D (ENTER NATURE O	or town	c	PART 2)		
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MEDICAL CERTIFICATION	PART 2 OTNER S 19a. DATE O 21a. EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert death resul	FOPERATION AL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK inty that I took cha	196 CON 196 CON 216 TIME HOUR A F DEATH 210 PLAC STREET, F	OF INJURY A.M. MONTH DAY P.M. 15 E OF INJURY (ATHOM FACTORY, FARM, ETC.) Accident,	TERMINAL DISEA OPERATION V YEAR O Suicide A A	NAS PERFORMED? HOW INJURY OCCURRI DOCATION STREET PSY A Inspection TITLE (SPECIFY) M.D. ASSISTAT	CITY C D (ENTER NATURE O	on town uiry , d manner XAMINER	ond in my o	OUNTY	YES 🔯	N
MEDICAL CERTIFICATION	PART 2 DINER S 19a. DATE O 21a EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert death resul	FOPERATION AL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK Ify that I took cha	196 CON 196 CON 216 TIME HOUR A F DEATH 210 PLAC STREET, F	OF INJURY A.M. MONTH DAY P.M. 15 E.E. OF INJURY (ATHOM ACTORY, FARM, ETC.)	TERMINAL DISEA OPERATION V YEAR O Suicide A A	NAS PERFORMED? HOW INJURY OCCURRI DOCATION STREET PSY A Inspection TITLE (SPECIFY) M.D. ASSISTAT	CITY C Undetermine	on town uiry , d manner XAMINER	ond in my o	OUNTY	YES 🔯	1
2	PART 2 DINER S 19a. DATE O 21a EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	FOPERATION AL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK Ify that I took cha	NS CONTRIBUTING TO DEA 196 CON 216 TIME HOUR A F DEATH 216 PLAC STREET, F	OF INJURY A.M. MONTH DAY PACTORY, FARM, ETC.) A. Korell	TERMINAL DISEA OPERATION V YEAR 21c. H ORE, 211. LC Suicide M.D.	NAS PERFORMED? HOW INJURY OCCURRI DOCATION STREET PSY A Inspection TITLE (SPECIFY) M.D. ASSISTAT	CITY C n , Inq Undetermine T MEDICAL E Penn St	wiry , d manner	ond in my o], DATE SIGN	OUNTY	res 13€ -2-80	N
2	PART 2 OTNER S 190. DATE O 210. EXTERN UNDERLYING CONTRIBUT 210. INJURY WHILE AT WORK 220. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	SIGNIFICANT CONDITION AL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK If that I took cha	NS CONTRIBUTING TO DEA 196 CON 216 TIME HOUR A F DEATH 216 PLAC STREET, F	OF INJURY A.M. MONTH DAY 2.M. 16 2.E OF INJURY (ATHON FACTORY, FARM, ETC.) described obove, held Accident A. Korell 73c. NAME OF	TERMINAL DISEA OPERATION V YEAR 21c. H ORE, 211. LC Suicide M.D.	NAS PERFORMED? HOW INJURY OCCURRI DOCATION STREET Homicide TITLE (SPECIFY) M.D. ASSISTAT ADDRESS OR CREMATORY	CITY C n , Inq Undetermine 1t MEDICAL E Penn St	MATOWN uiry , d manner XAMINER DN	ond in my o], DATI SIGN	OUNTY Depinion ENED 9	YES 13€)
730.	PART 2 OTNER S 190. DATE O 210. EXTERN UNDERLYING CONTRIBUT 210. INJURY WHILE AT WORK 220. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	FOPERATION AL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK Inty that I took cha	IPS CONTRIBUTING TO DEA 196 CON 216. TIME HOUR A F DEATH STREET, F Orge of the remains a 100 COUNTRIBUTING TO DEA 100 CONTRIBUTING TO DEA 10	OF INJURY A.M. MONTH DAY P.M. 19 E OF INJURY (AT HON FACTORY, FARM, ETC.) described obove, held Accident , Accident , 236. NAME OF	TERMINAL DISEA OPERATION V YEAR 21c. H ORE, 211. LC Suicide M.D.	NAS PERFORMED? HOW INJURY OCCURRI DOCATION STREET Homicide TITLE (SPECIFY) M.D. ASSISTAT ADDRESS OR CREMATORY	CITY C n , Inq Undetermine T MEDICAL E Penn St	MATOWN uiry , d manner XAMINER DN	ond in my o], DATI SIGN	OUNTY Depinion ENED 9	YES 13€)

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and the same	SEP 8 9 W	31/73	v. Aisonu	5 E001	1.8-016.	old Car

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND

	- STATE REGISTRAR			CATE OF DEATH	REG. NO.	4	7 0
	I DECEASED NAME FIRST HAP	ILIN BEN		ALLONEE	20 DATE OF DEATH MONTH	28-80	3:42
	3. SEX MALE	4. RACE WHITE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
VIII.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT BALT I MORE		м
1	10 CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A ST AGNES HO	ADDRESS)		THE TUTTER TO UPATION THE OF WORKTOR MOST OF WORKING	12b. KIND C INDUSTRY RACET	
-	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUL MARYLAND CI		N I	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 807 WEDGEWOOD	RD. BA	ALTO.
		Washington Mal	lonee	15 MOTHER'S MAIDEN NAM	trude	Gardner	
1	A THE PERSON SHED BUILD AS			12 01500011117	ADDRESS		

No.	(if tes, one was on pares)	217-05-5052	HELEN 3	. MALLONEE	B07 Wedgew	ood Raod	21229
18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only ane cause pe VAS CAUSED BY: IMMEDIATE CAUSE (a)	Mio Carzia	l In	tanction	n	APPROXIMATE IN: BETWEEN ONSET AN	IERVAL ND DEATH
410 - Conditions, if any	DUE TO, C	OR AS A CONSEQUENCE OF	Hud	distas		A	
gove rise to im couse (a), stati underlying couse	ng the DUE TO. C	R AS A CONSEQUENCE OF					

170. DATE OF OPERATION	THE CONDITION TOR WHICH OF ERAPIC	WAS PERI ORMED	200 2010131.	IN CERTIFYING CAUSES OF DEATH	
			YES NO	YES	NO 🗌
21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRED	(AT HOME, STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE

NOT WHILE in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN 22e. ADDRESS

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

230. BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY 1980 Loudon Park Cemetery

23d. LOCATION

Baltimore Maryland

STATE

24 FUTE TO BECME & RUSSELL C. WITZKE FUNERAL HOMES

1630 Edmondson Avenue Baltimore Maryland 21228

247-18-80b2 LLU 1. WILDER LUV Step Mand Na (4) 242-08 15 th OF ELL TIMES TO BE A SECOND TO THE SECOND TO A SOME THE PROPERTY OF THE PARTY OF THE PART COUNTY AND ADDRESS OF THE ADDRESS AND ADDR COM 8 2 disheard contract contactor of the state of the s

4	4			STATE OF MARYLAND		
5	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	2 2 9 4
1	1		/		REG. NO.	
	ITY	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1	JOSEPH		MALLORY	9	7 80 5 0
-	3 SE	Y	4 RACE	S DATE OF BIRTH	4 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
-X3	3 30	MALE	White		0 1	MONTHS DAYS HOURS ME
		11111	MALLE	NON 12 99	8 (YRS.	
M		IRTHPLACE (STATE OR FOREIGN	7% CITIZEN OF WHAT COUNTRY		1 BALTIMORE CITY OR COUNT	Y OF DEATH
AI)	1 '	(OUNTRY)	U.S.A	MARRIED T NEVER MARRIED		
-	-	177.		WIDOWED DIVORCED		
ou .		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	12h KIND OF BUSINESS
34/3		BOLTINONE	SOUTH BOUTH		TYPE OF WORK FOR MOST OF WORKING I	
Spe	1751	AT RESIDENCE THE NUMBER OF HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		COAL MINER	MINING
E	130	STATE 136 COUR			13a. STREET ADDRESS	
150		MD	BAUTI		3807 FAIRHA	JEN AUE
xan	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
e ~~~			MIDDLE LAST	FIRST	MIDDLE	LAST
900		CHARLES	MALLO	RY HULDA		LOWE
		WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS	
the	1	YES, NO OR UNKNOWN) I I IF YES, GIVE	I&II 233 10	3628 CINDA MA	WORM 3807	FAIRHAVEN AL
n i		1100 10.00.	10.11 () 10)020		
even			ly one cause per line for (a), (b), ar			METWEEN ONSET AND DE
tic		MAMERIA	TE CAUSE 10) RUPTURE	o portic aneu	RYSM	
traumatic		1/1/1/				
rac	1	44/3	DUE TO, OR AS A CONSEQU			
9		Conditions, if ony, which	(Ib) ASCUP			
other		gove rise to immediate couse (a), stating the	Sur to obas a conscou	SNICE OF		
ō		underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
injury.	1		(c)			
	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
s any	CERTIFICATION	190 DATE OF OPERATION	100 CONDITION FOR WHICH	ODED ATION WAS DEDECORASED	20s AUTOPSY? 20b IF YE	S, WERE FINDINGS USED
shows	Ÿ	2/./-	RUPTURED D	OPERATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
00 /	JĒ	3/6/30	DNEURY SH		YES NO Y	ES NO
8	1 🗑	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
tea 9		OR CONTRIBUTING CAUSE OF DEA		1		
ō	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
marked	MEDI	214 INJURY OCCURRED	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK AT WORK				
		22a L castifus that (1) (this base)	Tal) attended the deceased from	9/5/20 10	9/7/85	. 19 that (I) (we
	1	saw the deceased alive on	017/20	at the state of th	death and the state of the stat	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e _m	1	obove (1) (we) (did) (did no	t) view the body after death.	. and that in (my) (our) opinion	deoth occurred on the date and ha	ur and from the couses stole
Ξ		226. SIGNATUM		DEGREE		Mr. DAJE SIGNED
	1		7. Stale	ATTENDING	MEDICAL STAFF	19118
-	4	224. PHYSICIAN'S NAME (TYPEO			DIRECTOR PHYSICIAN	
T	1	[-		22e ADDRESS		
2	10	JORGE E.	SUDERON	SOUTH OF	summer gene	ense mospit
IMPORTANT: If Item	22-	BURIAL, CREMATION, TELOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	1234. LOCATION	
	136	SPECIFY)			CITY OR TOWN	COUNTY STATE
Olate		Burial	9/10/80 C	edar Hill Cemet		A.A. Mc
	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. PEGIS	TRAR'S SIGNATURE
5 25M 1) 1/79	C	NAME T Cono	e 4001 Ritchi		P 1 1 1980	Jay / The Charles
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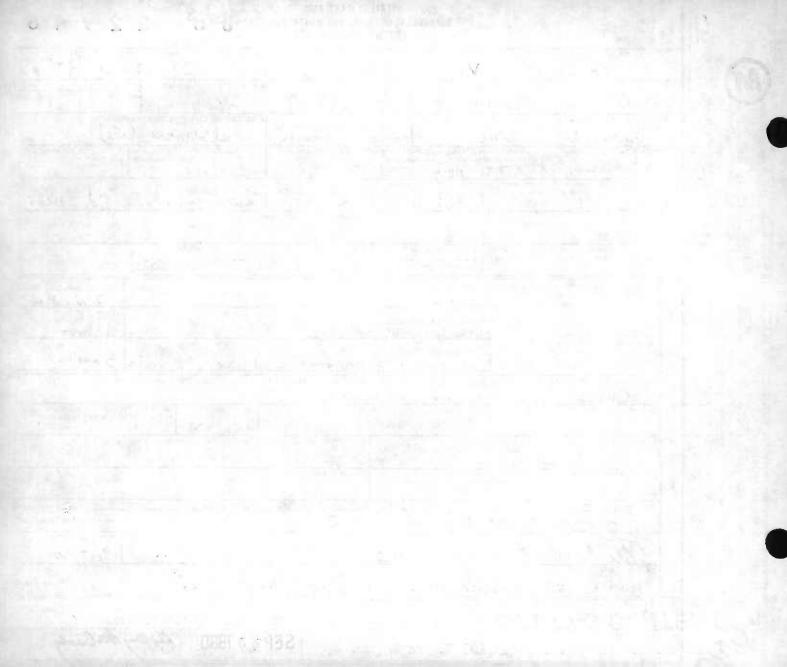
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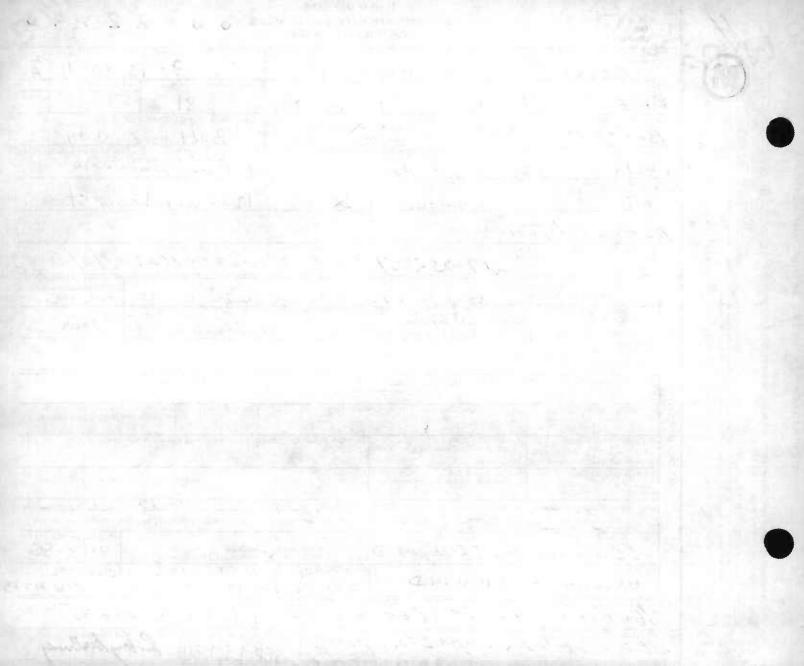
Sign in Sign - Doctor J. Manager and Sign - Court

2533 minutazione Everes



6010 REISTERSTOWN RD RALTO

3 15/1 44 7 44 7/41 Opening Mills



3	1 - S	TATE EGISTRAR			DICAL EXA	OF HEALI	CERTIFICA	HALHTGE	ATH U	REG. NO.	2	7 4	9
18.15	{TYPE	EASED NAM OR PRINT)	John		1	Marc			DEATH M	ATED 5		19 80	2b HOUR
		ale	white	5. DATE OF BIRTH	YEAR LAS	BIRTHDAY) MON		OURS MIN	PRONOUNCE DE AD	D	9 20	19 80	2d. HOUR 2:40P
8	FOR	THPLACE (S		U.S.A.		WIDO		DIVORCED		more (City	KIND OF BUS	MD.
4	Ba1	timore		11. NAME OF HOS Sinai H	OSPICAL	DRESS)	HER INSTITUTIO	FOR	re Man	G LIFE)	WORK 128	OR INDUSTR	
5	13e. ST	Md.	Balto	ROTHER INSTITUTION, GIV TY	13c. CITY OR TO	NN	YES 🗌	NOX 130 ST	704 Keni		venue	-21206	
		HER'S NAM	esque Mar		LAST		FIRST	Helen	Fisher	re		LAST	
		AS DECEASE NO. OR UNKNO	D EVER IN U.S. ARA		217-58		Mrs.	Lenita I	Marc	4904	Kenw	2120 and Av	enue
		gave ri couse (o lying car		(b)	AS A CONSEQUE AS A CONSEQUE BUT HOT RELATED TO	ENCE OF	SE OR CONDITION G	IVEN IN PART 1 (a).					
73	CERTIFICATION	19e. DATE OI	OPERATION	19b. CONDIT	TON FOR WHICH	OPERATION '	WAS PERFORME	ED?		- 1	26	0. AUTOPSY?	
30 "	DICAL	UNDERLY INC	NG CAUSE OF	21e. PLACE C	MONTH DAY	YEAR 1980 fo	ell to i	CCURRED (ENTER floor the	rough 1	coof			
73			ify that I took charg	ge of the remains des		,- 1		Inspection	Inquiry E	, ond i	n my opinio DATE SIGNED		
AFTER DEAT	- Park	EXAMINER'S (TYPE OR PR	NAME Horn	nez R. Gua	ard,M.D.		_ADDRESS	111 Peni		t,Balt	:0., M	D 2120	1
	24. FU	ECIFY)		9- 23 - 80	Gard	ens of	OR CREMATOR		OCATION Y OR TOWN	. Ad	COUNTY RAP'S SIGN		ATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDOLE LAST 24 DATE OF DEATH MONTH 7h. HOUR MARKMAN SEPTEMBER 9. 1980 1:40 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR # UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 17s. USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SALESMAN AUTO PARTS #21209 13a. STREET ADDRESS 3017 ROMARIC CT., APT. E-1 MIDDLE CHIDECKEL MRS. ROSE MARRIMAN 3017 ROMARIC CT. BALTO., MD 21209 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1102 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE __ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN SUITE 302 - GREENSPRING STATION 23d LOCATION MARY LAND BALT IMORE SEPT.10,1980 HEBREW YOUNG MEN 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., INC. 21215

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

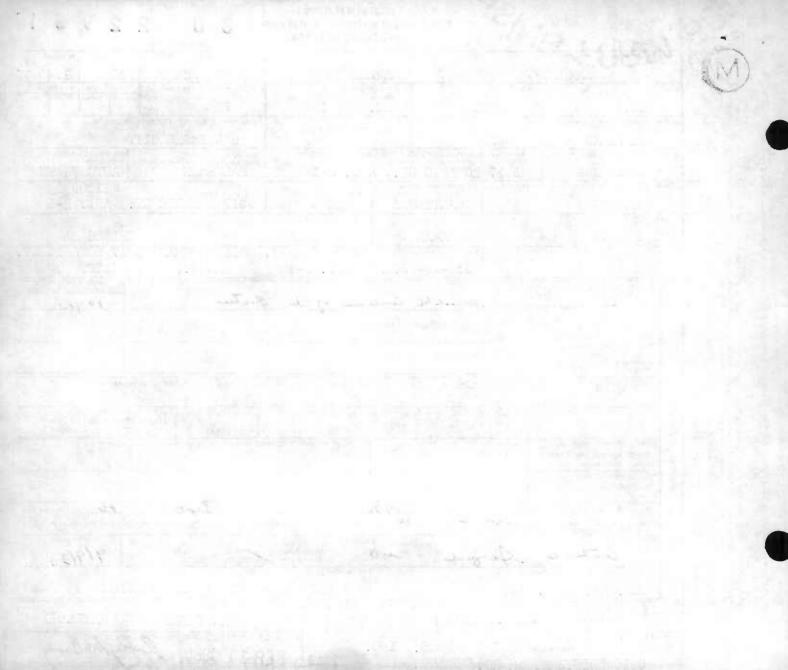
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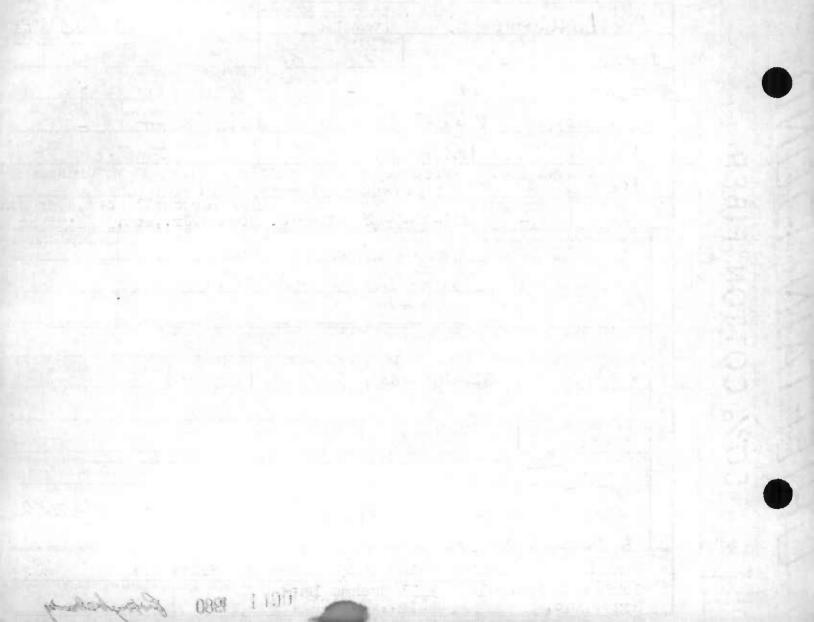
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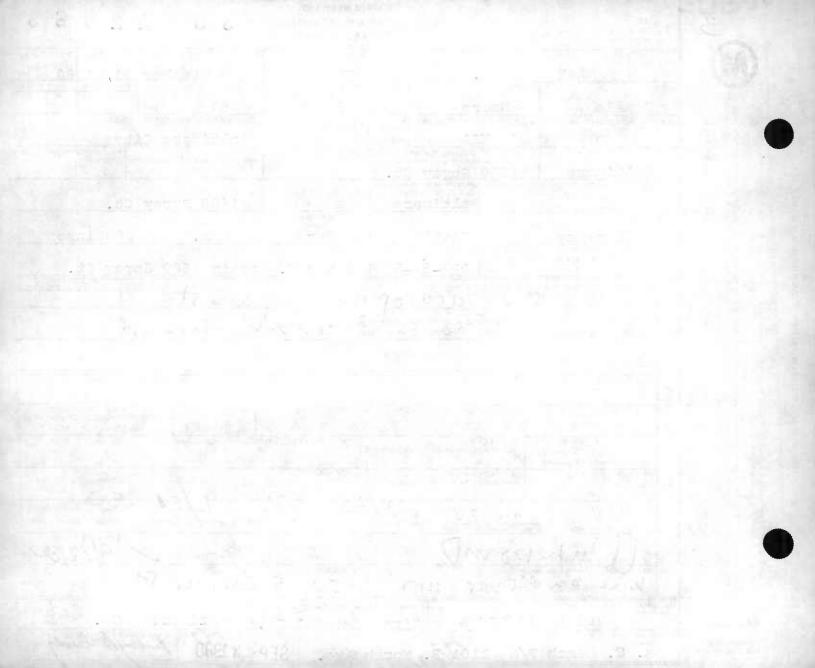
REGISTRAR

I DECEASED NAME

6010 REISTERSTOWN RD. BALTO., MD







Balto. Md.

Leonard J. Ruck, Inc.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

- STATE

(VR A 15 (4))

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SEP 3 1980 Page

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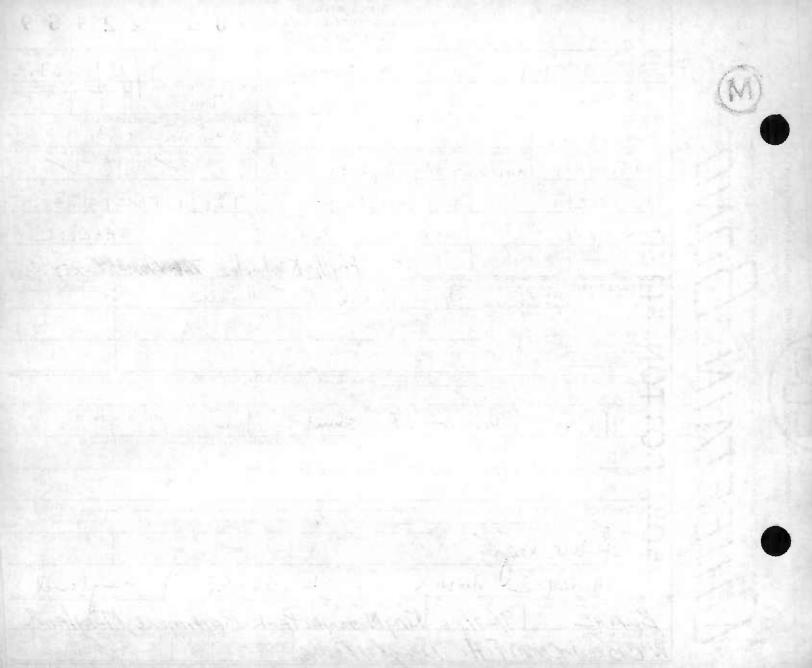
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Witzke Catonsville Funeral Home, P.A. 21228

STATE OF MARYLAND

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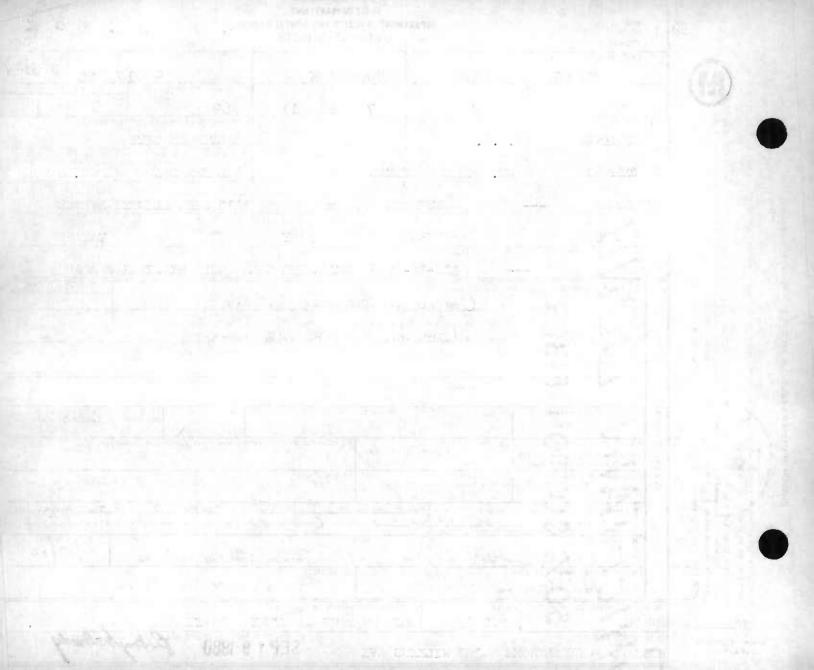
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		CEASED NAME FIRST E OR PRINT)	O HINE	MIDDLE	1 1 1 1 1 1 1 1	LAST	20. DATE OF DEATH	MONTH D	PAY YEAR	26. HOUR 30 AM
		MABEL		ICE		RMICK		9 1	7 80	W
	3 SE		4 RACE		5 DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN
		F	W		7	28 11	69	YRS.		
83	/a B	IRTHPLACE (STATE OR FOREIGN OUNTRY) VIRGINIA	U.S.A.	WHAT COUNTR	MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CITY O		OF DEATH	MD
40		ALTIMORE	(IF NOT IN SU	HOSPITAL, NURS	SING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF SALESPERSO	F WORKING LIFE	E) INDUSTRY	STORE
35	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION		ORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
300	14 F	ATHER'S NAME FIRST JOSEPH	WIDDLE	HISKY	,	15. MOTHER'S MAIDEN N FIRST MARY			TAYL	ST
1		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS		
	,	NO		215-12	-0206	CATHERINE CO	LE 4227 MI	SPILLI	ON ROAL	D
	z	Conditions, if ony, which gove rise to immediate cause io), stating the underlying cause lost	DUE TO, C	PRESIDENT OF AS A CONSECUTIVE AS A CONSECUTIVE ON TRIBUTING TO	OUENCE OF	RETIVAL MOZ	AWOWA	DITION GIVE	EN IN PART I	l c
Snows ony injury,	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATIC	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN	NGS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A		DAY YEAR	21c HOW INJURY OCCU		LY IN ITEM 18, PA	ART 1 OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
		220.1 certify that (I) (this hasp sow the deceased alive a above, (I) (we) (Bid) Adid in 22b. SIGNATURE			80.	nd that in (our) opinion DEGREE M. O. ATTENDING PHYSICIAN 122e. ADDRESS	, 10	ote and hour	and from the	
- AMPORIAN	-	W. Br	ADLEY !	PIFALO		57. F	(-10	SPITA		
		burial, cremation, remova specify) RIAL	23b. DATE 9/20	1		PARK CEMETER	BALTIMOI	RE _	COUNTY	STATE MD
		UNERAL DIRECTOR BBARD FUNERAL H	HOME 41	07 WILKE	NS AVE		TE REC D. BY REGISTRAR	REALSTR		7



- STATE

(TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

LAST

20 DATE OF DEATH MONTH 2b. HOUR 1980 September 9 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [

Baltimore City 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Retired

13e. STREET ADDRESS 501 W. Franklin St.

NOF 15 MOTHER'S MAIDEN NAME FIRST

Unknown

Hospital Records

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Gastrointestinal Bleeding

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

80

NO

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH? YES [

NO F

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED

COUNTY STATE

22c. DIATE MONED

to September , and that in (1984) (aur) apinian death accurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MEDICAL

c/o Maryland General Hospital

231. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Mt. Auburn Cem

CITY OR TOWN Balto.

24 FUNERAL DIRECTOR

9-12-80

DHMH-16 30M 2/80 (VRA 15, 4)

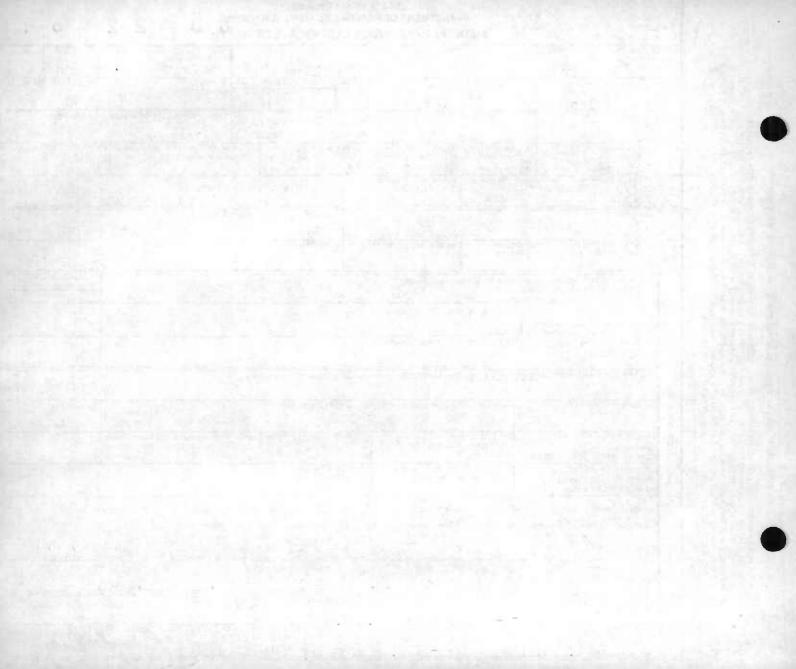
9-12-80

Burial

Isaiah L. Brown & Son PA 1913 W. Balto.

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To State Continue								STAT	E OF M.	ARYLAND							
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SEX	1					MED	DICAL	EXAMIN	ER'S C	ERTIFICATE	OF DEA	AYH "	REG. N	10.	in 1	0	-
SEX RACE S.DATE OF BIRTH S. AGE (MYTAN) S. AGE (MYTAN) IF UNDER 24 HRS. IT. DIABET 1/18. IT. DIA	Ī			FIRST			MIDDLE		L	AST		20. DATE	KNOWN	X MONTI	H DAY	YEAR	Zb. HOUR
SEX 1. RACE		(TYPI	OR PRINT)	Funn					M	Cullough	THE STATE OF	OF DEATH	MATED		20	1000	
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MARYLAND US CITYOR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ITS USUAL OCCUPATION (PIPE OF WORK ITS) KIND OF BUSINESS OR INDUSTRY Baltimore					7h. CITIZ				8		1414						1 M
Baltimore II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12) 126 KIND OF BUSINESS OR INDUSTRY Baltimore		FO	REIGH COUNTRY)					11.11			-					PEMILI	
Baltimore SUAL RESIDENCE PININGS FOR PROSIDENCE RECORDESS POR MOSSION	-	MA	KYLAND	DE DE ATU				251110110115				Bal	timor	e Cit		NID OF BUI	
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RECOULDING SOUTHER SET SOUTH S				IF IN NURSING HOME OUN	OR OTHER IN:	STITUTION, GIV				3d. INSIDE CITY LIMITS	2 113e STR	REET ADDR	ESS		100		
4 FATHER'S NAME FIRST MIDDLE LAST MCCULLOUGH TOMMIE LAUDERDALE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Sudden Infant. Death Syndrome DUE TO, OR AS A CONSEQUENCE OF OUDE TO, OR AS A CONSEQUENCE OF LYING cause lost. 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (B). 191. CAUSE WAS UNDERLYING OUT TO AS A CONSEQUENCE OF 192. CONTRIBUTING OR OUT TO AS A CONSEQUENCE OF 193. CAUTOPSY? YES NO 210. AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS UNDERLYING OR OR ONLY IN TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR 210. EXTERNAL CAUSE OR 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION				4										RK LA	KE D	RIVE	
EUGENE McCULLOUGH TOMMIE LAUDERDALE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO IIB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant, Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) shoring the under lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART I (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART I (a). 210. AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 212. LOCATION 213. LOCATION 214. LAUDERDALE ADDRESS TOMMIT LAUDERDALE ADDRESS TO			THER'S NAME		MODIE					15. MOTHER'S MA		E					
166. SOCIAL SECURITY NO. 17. INFORMANT TOMMIE LAUDERDALE 805 DRUID PARK LAKE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (IVYES, ONE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH POWN A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH POWN A.M. MONTH DAY YEAR P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERM IS PART 1 OR PART 2) 216. INJURY OCCURRED 217. INFORMANT TOMMIE LAUDERDALE 805 DRUID PARK LAKE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (a).			EUGENE		MIDDLE	٨	Accui	LOUGH			2177		THE PERSON NAMED IN COLUMN TO PERSON NAMED I	LAUT			
TOMMIE LAUDERDALE 805 DRUID PARK LAKE		16a. W	AS DECEASED			CES?			NO.				ADDRES				100
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Studden Infant. Death Syndrome Sudden Infant. Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Suince cause (a) storing the under-lying cause lost. DUE TO, OR AS A CONSEQUENCE OF Suince cause (b) storing the under-lying cause lost. DUE TO, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause lost. Due to, OR AS A CONSEQUENCE OF Suince cause (c) storing the under-lying cause (c) storing				WN) (IF YES, GIVE	WAR OR DA	TES)				TOMMIE I	ALIDEDI	DALE	805 1	חדוומה	DAD	VIA	VE.
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WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE		DIC				le. PLACE O		(AT HOME.									
		X				STREET, FACTO	ORY, FARM, E	TC.)	ST	REET		CITY OR TO	NWC	(COUNTY		STATE
			22a. I certif	y that I taak char	ge of the c	amount desc	ribed abo	we, held on	Autops	X, Inspec	ction .	Inquiry	<i>,</i>	ond in my	opinion		
22s. I certify that I tack common of the remain described above, held an Autopsy X, Inspection, Inquiry, and in my opinion			death resulte	ed from Naty	rpl couses	X	A Papent	17 Sus	4	Hamicide	, Unde	termined m	nanner].			
		> *		10-	1		11)	4	1/	TITLE (SPECIFY))						
death resulted from Pary Course X . Success Hamicide . Undetermined manner .	l		ACTUAL SIGNATURE	/1 V	OW	Be	1	Men	5-1	Deputy (Chief	DICAL FXA	MINER	DAT	E C	9/28/	80
death resulted from Party Course X . Spirit Description Hamicide . Undetermined manner				() V			1		1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DICAL LAA	77(11 42)	3,0	10		
death resulted from Natyrol course X . Spent Success Hamicide . Undetermined manner TITLE (SPECIFY)	-		EXAMINER'S	NAME NT)	Thom	nas D.	Smi-	th. M.D		DDRESS 111	Penn	St.	Balt	o I	MD.		
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death resulted from Natural Course X Success Hamicide . Undetermined manner . Title (SPECIFY) ADDEPUTY Chief EDICAL EXAMINER SIGNED 9/28/80 EXAMINER'S NAME (TYPE OR PRINT) Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD.	ĺ	(3	BURIAL	, io, i, it is it is									n E	111	DULA	ND ST	TATE
death resulted from Natural Course X Support Support Hamicide Undetermined manner Unde	ŀ	24 FI	NERAL DIRECT	TOR	10-2	4-80		ING MEA	1. PK	25a. DA	TE REC'D. B	Y REGISTR	AR 25b. RE	GISTRAR'	SIGNAT	TURE	
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death resulted from Natural Column X Support S	1	- 1	FLIZABE	IH L. PH	ILLT	PS 17	721 -	2/ N. A	MONRO	F ST	1:17	1980	1		F		



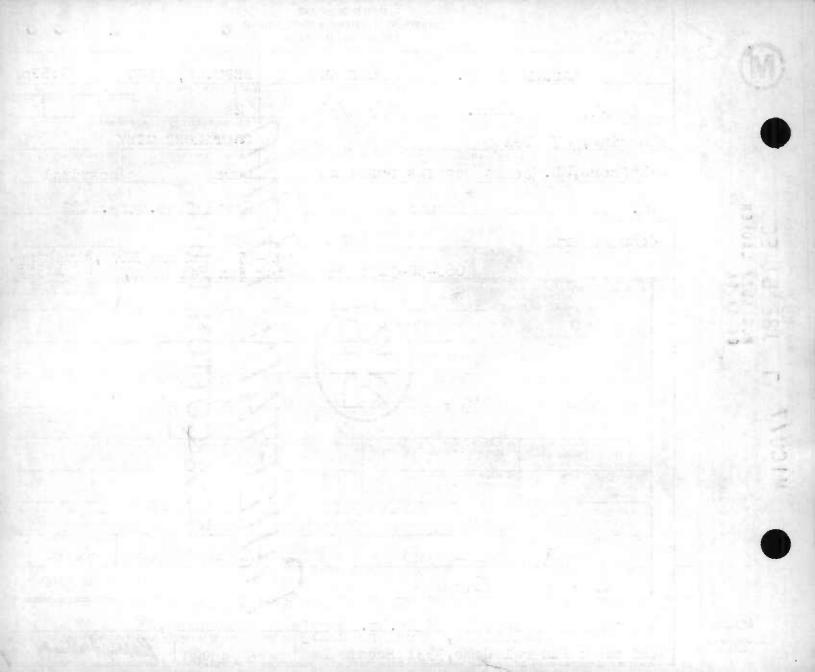
					STAT	E OF MARYLAND				
		1	FOR STATE REGISTRAR	D	CERTIF	EALTH AND MENTAL I	HYGIENE 8 O	2 2	9	6 5
Dec. 1			CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
160	30		FORREST	WAYNE	MCDON	NALD				8:39P A
14	- 300	3. SE		4 RACE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF UND		IF UNDER 24 HRS
urs o			MALE	WHITE	8	16 33	47	YRS		
2 10	0		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF D	EATH	
100	\$		EST VIRGINIA	U.S.A.	WIDOWI	DIVORCED	□ BALTIMOI	RE CITY		MD
Tiled with	Parified 3	10 C	BALTIMORE	11. NAME OF HOSPITAL, (JENOT IN SUCH FACILITY, G VETERANS ADM	IVE STREET ADDRESS)	ON MEDICAL	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST CENTER Retin	OF WORKING LIFE) IN	S. A	BUSINESS OR irForce
onld be	and be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13) COU ST VIRGINIA PE		ORTOWN	13d INSIDE CITY LIMITS YES NO	? 13e. STREET ADDRESS			
2 sh	Pue lane	14. F.	ATHER'S NAME	WIDDLE		15. MOTHER'S MAIDEN		ST WHAT		
ouo	256		Donald		Donald	Mable	WIDDLE	Kis	amore	
~ /s	0 5		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCI	AL SECURITY NO.		ife) ADDR			
Poges	25		YES, NO OR UNKNOWN) (IF YES GI	EAN 579	42 8491	Lois Schar	ver McDonald	Same as	13.	
t permit. Then please re ene prior to burial, crei	ows ony injury, or athe	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONTROL OF OPERATION	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTE 196. CONDITION FOR	NG TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WER	RE FINDING	S USED F DEATH?
Нудіе	8 8 8	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ITH DAY YEAR	71c HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART I O	R PART 2)	
Mental	te a	CAL	OR CONTRIBUTING CAUSE OF DE	Alle	19					
ond	morkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	r. OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN C	OUNTY	STATE
Heoith	s mo		22a I certify thor-(1) (this hosp	tal) attended the decease	from AUGUS	r 29, _{19.} 80	, to SEPTEM	BER 14 1919	180 , the	ota(i) (we) lost
0 40	21		sow the deceased alive or above, (th) (we) (did) (did no	SEPTEMBER 14	h. 19 00 , or	nd that in (my) (our) opini	ion death occurred on the o	lote and hour and	from the co	uses stated
	Fea	V.	226. SIGNATURE			DEGREE			22c. DATE SIC	1
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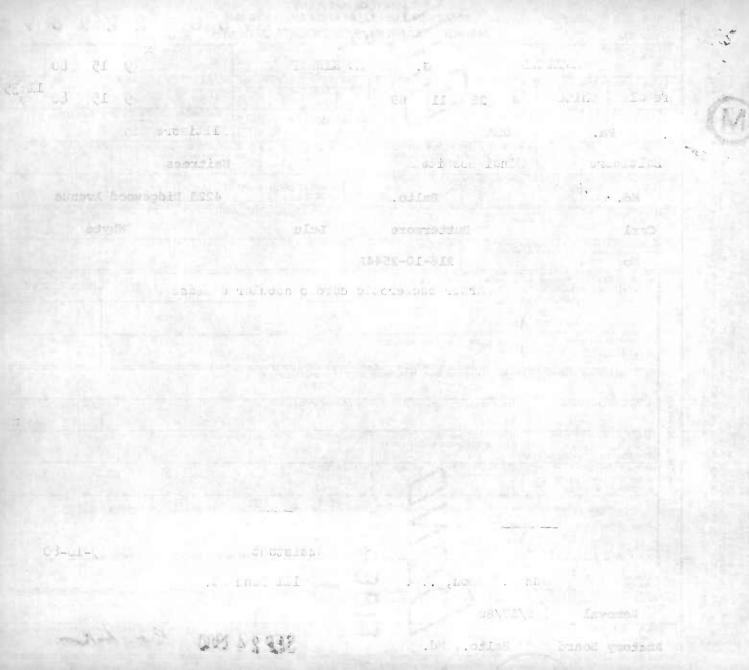
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) SEPT.16 1980 MCGINLEY LAUREN IF UNDER I YEAR 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR iemale Cauc. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE Flushing, NY WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR AT NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore, MD. HOPKINS HOSPITAL hospital nurse 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Quantico Naval Hosp. Qtrs. 1221 Va. IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST Liane Suchanke John McCort 192-15 Northern Blvd, Flushi 160 WAS DECEASED EVER IN U.S. ARMED FORCES 060-50-3178 Frederick Funeral Home. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 13PINATOL MULIST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION HENNY TONGYA 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOI NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 8/25/60 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATUR DEGREE 22c. DAJE SIGNED should be deto with the Store IMPORTANT: I PHYSICIAN [] DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS JUHUS HEPKINS BM Klmans 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OF TOWN COUNTY STATE BP Flushing.NY Mt. St. Marv's Removal 250. DATE REC'D. BY REGISTRAR 256. RECESTRAR'S SIGNATUR Baltimore, Maryland 21213 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Schimunek Funeral Home, 3331 Brehms La (VRA 15, 4)





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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 1780 (TYPE OR PRINT) M. MCMURRAY THOMAS 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF LINDER 24 HRS MONTH YEAR 15 40 40 Male Cau Jan To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Illinois WIDOWED TLO 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL Mgmt. Consultant Self Employed Baltimore LAWYER/DR USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 8601 Ordinary Way Annandale YES [] NO X Virginia Fairfax FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Moses Mitchell McMurray Victoria BALTIMORE, MR. LA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Wife - Joanne McMurray 358-32-9676 8601 Ordinary Way, Annandale, Va. 22003 No X O APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate NON-MED couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INILIRY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) This hospital) attended the deceased from. and that in my (our) opinion death accurred an the date and have and from the causes stated abave (1) we) (did) did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 224 PHYSICIAN'S NAME (TYPE OFPRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Fairfax Va. Sep. 13, 80 Fairfax Memorial Park Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 NAME (DOWNE Y. V (VRA 15, 4) Demaine Funeral Homes, Inc., Alex., Va. 22314

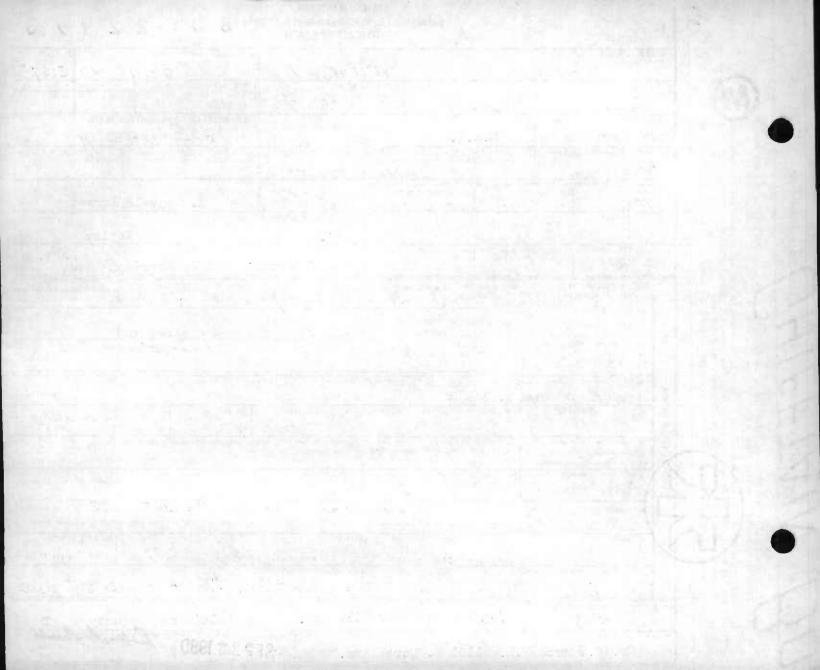
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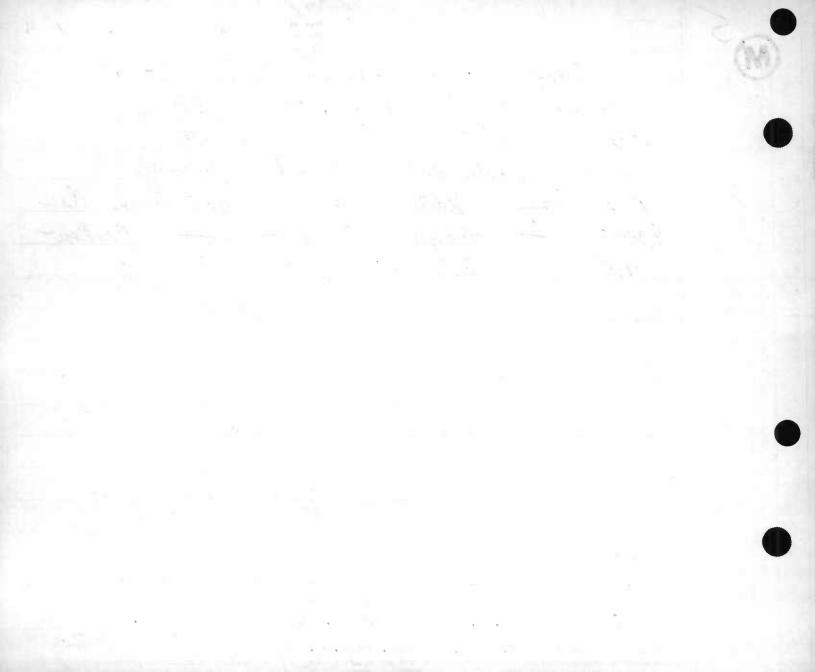
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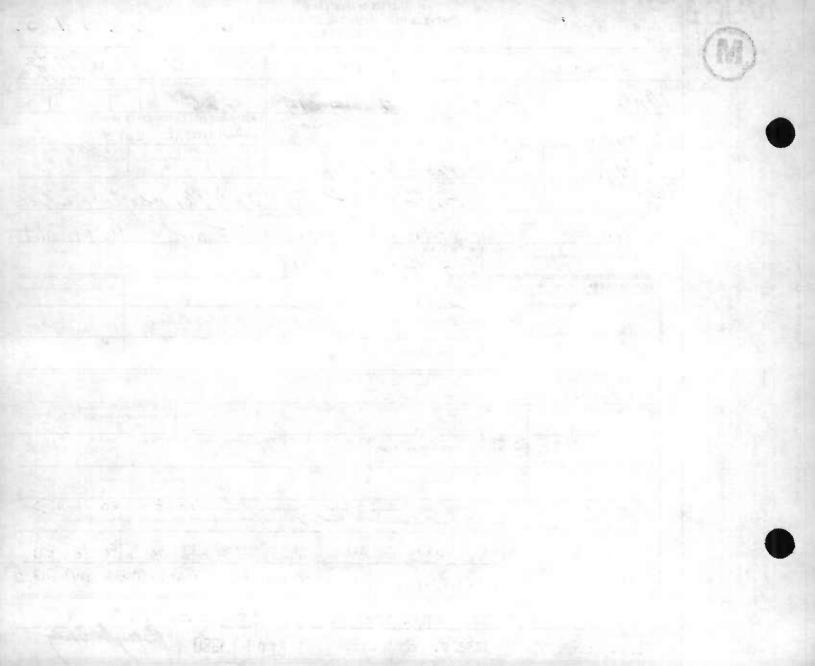
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. HOUR 20 DATE OF DEATH MONTH YEAR LAST 1. DECEASED NAME (TYPE OR PRINT) NNIF IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3. SEX DAYS HTHOM OAY YEAR 26 36 BLACK EMALS, BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY U.S.A. North Carolina WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE LANVALE STREET USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 13b COUNTY 13c CITY OR TOWN Plo E. Lanvale Street YES T NOF ALTIMOR 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Taylor Mary ADDRESS 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO APT. A (YES, NO PRUNKNOWN) (IF YES, GIVE WAR OR DATES) 2940 Garrison Blvd. Lee McPherson 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY PROBABLE SEPSIS FAILURE RESPIRATORY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) IDIO PATHIC (UNDIAGNOSE) PULMONARY DISEASE
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- STATE

24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Md.

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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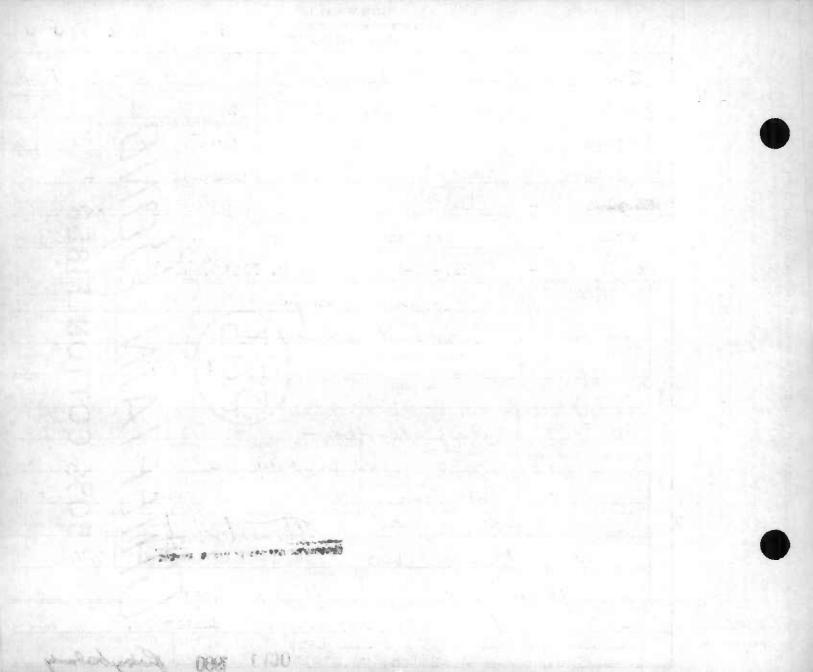
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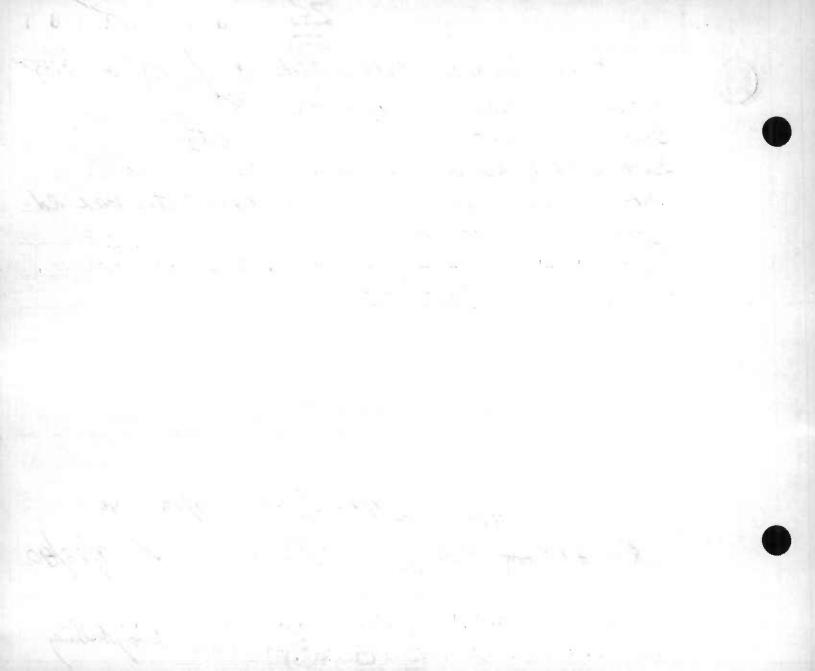
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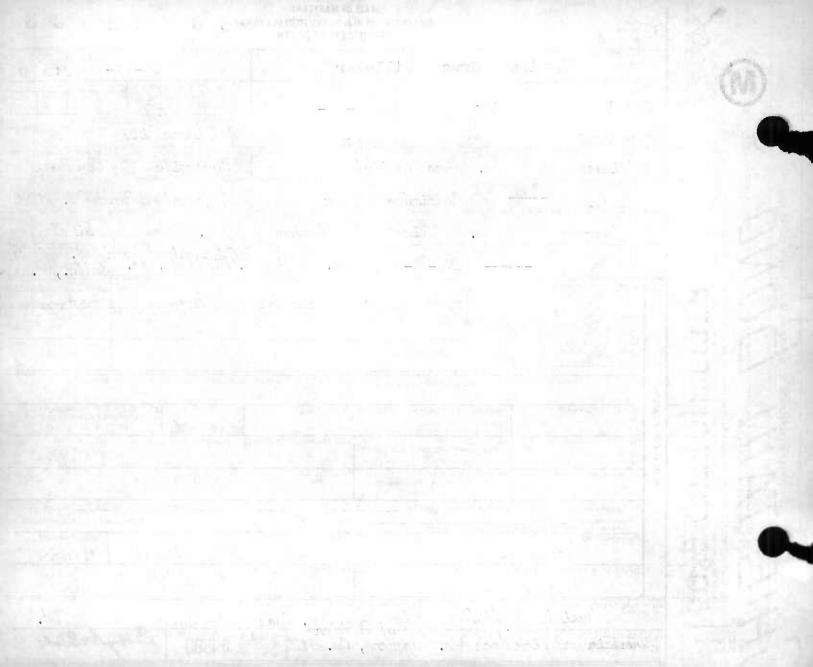


TO HOSPITAL SECTIONDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after resoured by the hospital or attending physician.

	FOR				DEPARTA		OF MARYLAND EALTH AND MENTAL HY	GIENE S	0	2	2 9	8 2
/	- STATE REGIS	STRAR	FIRST		WIDDLE		ICATE OF DEATH	Za DATE OF	REG. NO.	H DAY	YEAR 1	U Z
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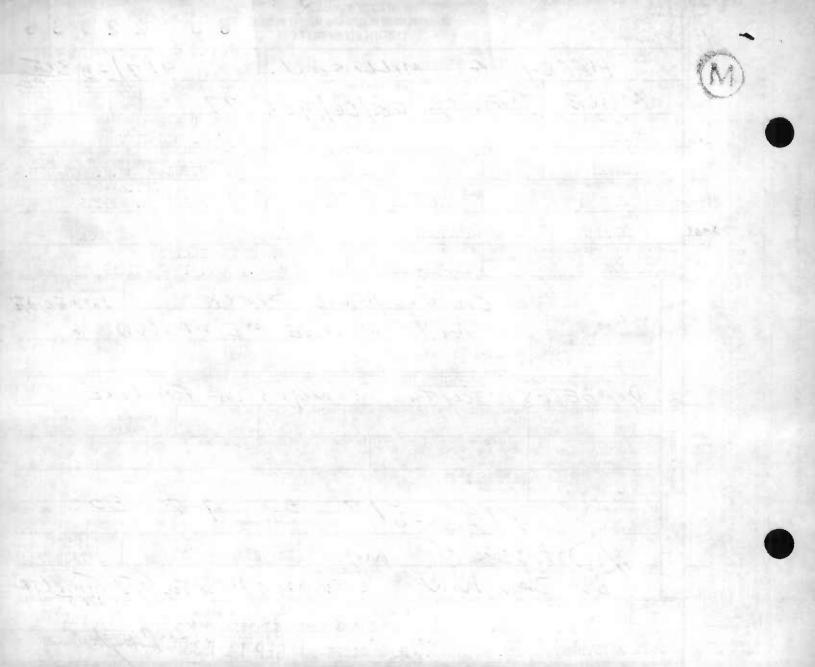
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6	1 -	FOR STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2 2 9	8 3
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be executor on ond control con	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	212-40-0		Mr. William	307 Graenta J. Milleken	nd Beach Ro Sr. Balz	d. 21226 to Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corbanappers. Pages 1 and 2 should be fill than dwantol Hygiene prior to buriol, cremation, or removal.		18 CAUSE OF DEATH lEnter of PART I DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, C	R AS A CONSEQUE	NCE OF	+ adengenceron	inal disease or cont	24	0
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3 0 0 0 0		220. I certify that (1) (this hasp saw the deceased alive or abave, (1) (we) aid did no	ital) of the need the	ne deceosed from	80 .or	d that in (my) au opinion o	to C 2 pt	te and hour and from t	_, that (I) (we) last the couses stoted
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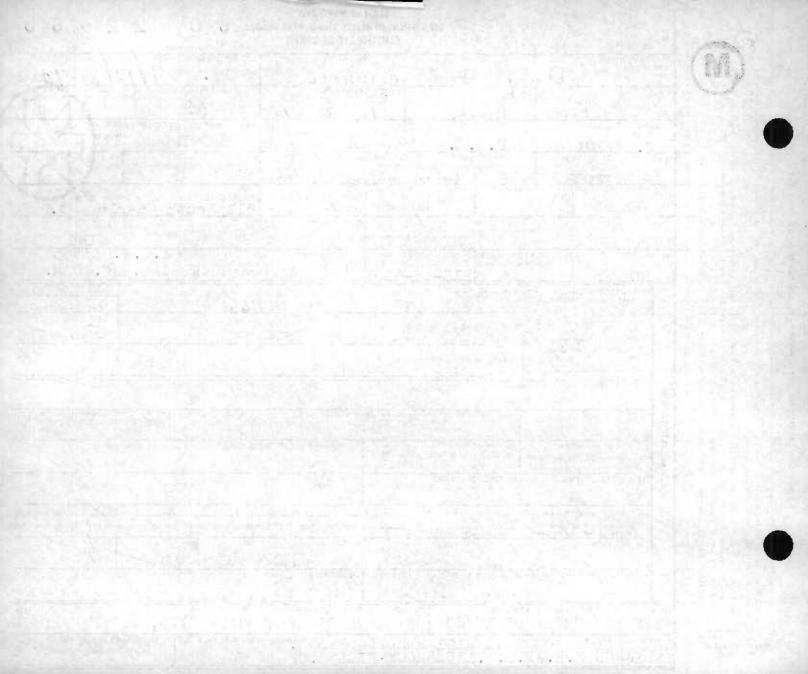




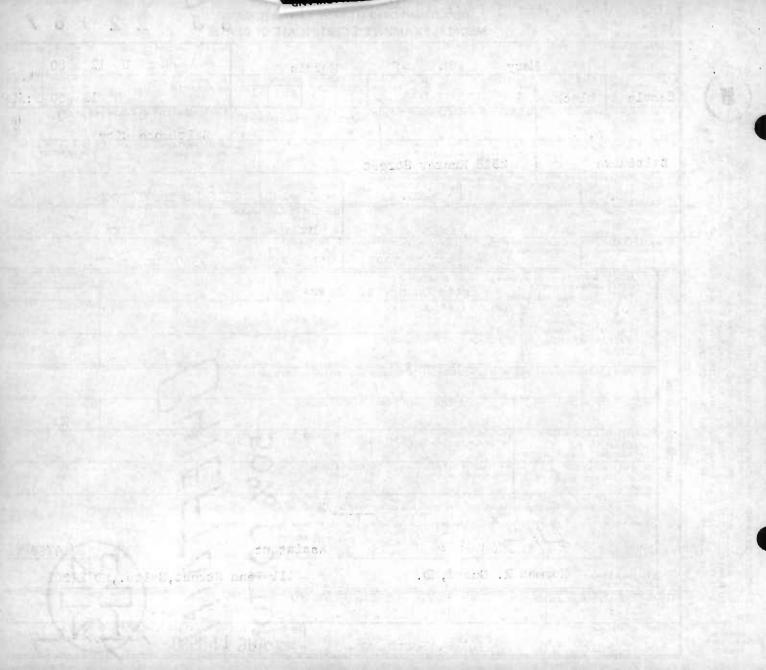
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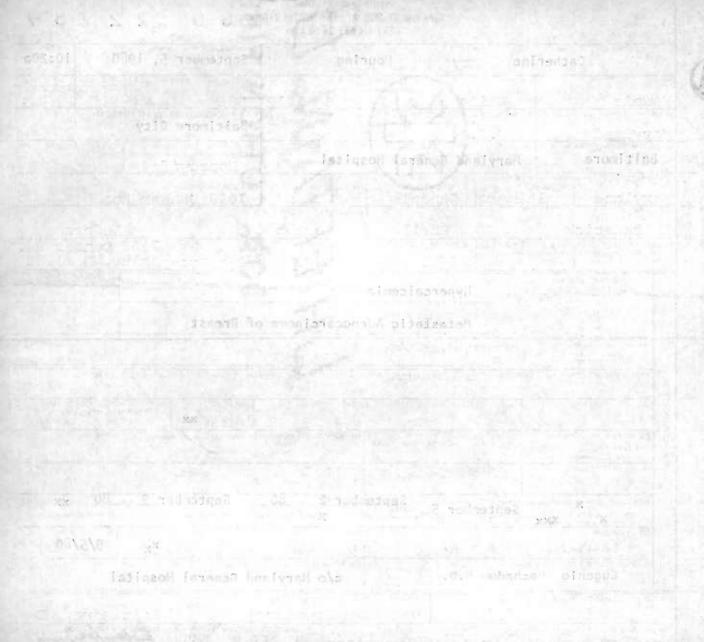
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

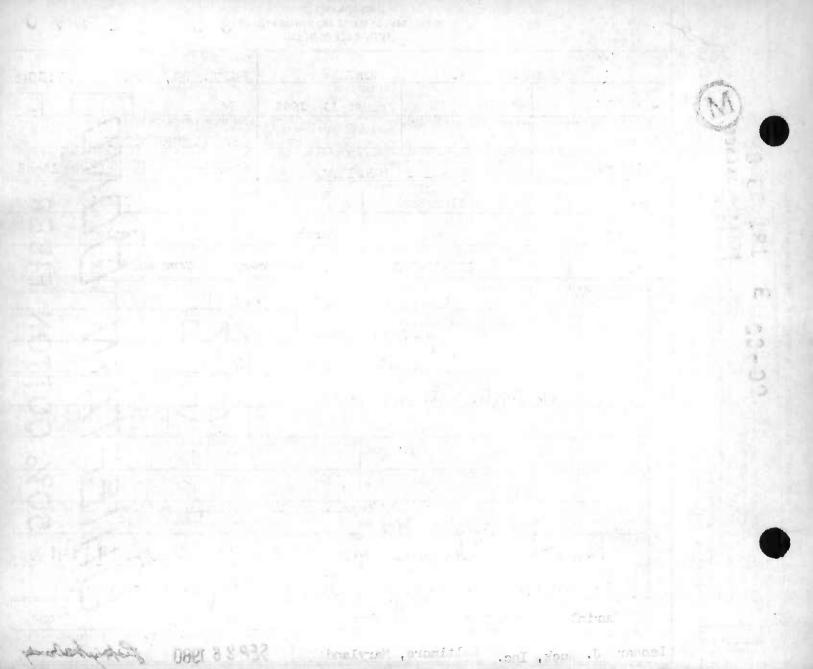
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	tho	d So
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	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 d by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely tilled in by the futural director. Be detached for use os the burnel-futorist permit. Then please remove corbon papers. Pages 1 and 2 should be filled with CZ2 from the corbon page.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 9 9

CERTIFICATE OF DEATH

REG. NO.

6	P	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	
/		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		26 HOUR
		Floyd	W. Mugrag	е	September 2		7:10 am
	1.58	MALE	WHITE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	
1	n	THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ciro	COUNTY OF DEATH	MD
18		TY OR TOWN OF DEATH 11 Baltimore	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD Maryland General	HOSPITAL	120 USUAL OCCUPATION	ON 126. KIND	OF BUSINESS OR
85	m	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY		ORE YES NO [130. STREET ADDRESS	NNA AU	1F
800	1	ATHER'S NAME FIRST EESE ME	LGRAGE	15. MOTHER'S MAIDEN NA	HOFFI	74 N	AS1
a medico		WAS DECEASED EVER IN U.S. ARME YES, NO OB UNKNOWN) (IF YES, GIVE W		17. INFORMANT	ADDRES		4:21
Acm, my		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED [MMEDIATE				APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
	7	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN (b)				
		underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN (c) NOITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART	1(0)
_	TION	Aspiration sec	condary to gastr	ostomy tube			
2	CERTIFICATION	July 8, 1980	Placement of for gastros	eeding stomy tube	20a AUTOPSŸ? YES □ NO 🔀	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	
9	1	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC.) 211. LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
2		220.1 certify that sh (this hospital saw the deceased olive on above, X (we) (did) (X X X t) v) ottended the deceased from ApSeptember 21 19 8	80 , and that in 数数 (our) opinion	, to <u>Septemb</u> deoth accurred an the da	er 21 19 80 Ite and hour and fram th	, thot xt) (we) lost ne couses stoted
A CALLANDER		22b. SIGNATURA	1 1 1 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DA	TE SIGNED -21-80
		Gwendol yn W		c/o Marylar	nd General H	ospital	
	L	WRIAL	9-25-1980 GA	ME OF CEMETERY OR CREMATORY	23d. LOCATION YORTOWN Y	MORE	M.D. STATE
	RA	UNERAL DIRECTOR L. KAC	CZOROWSKI 25	25 FLEET ST, 250. DAT	P 2 4 1980	25b. RESSTRAR'S SIGNA	Bucky

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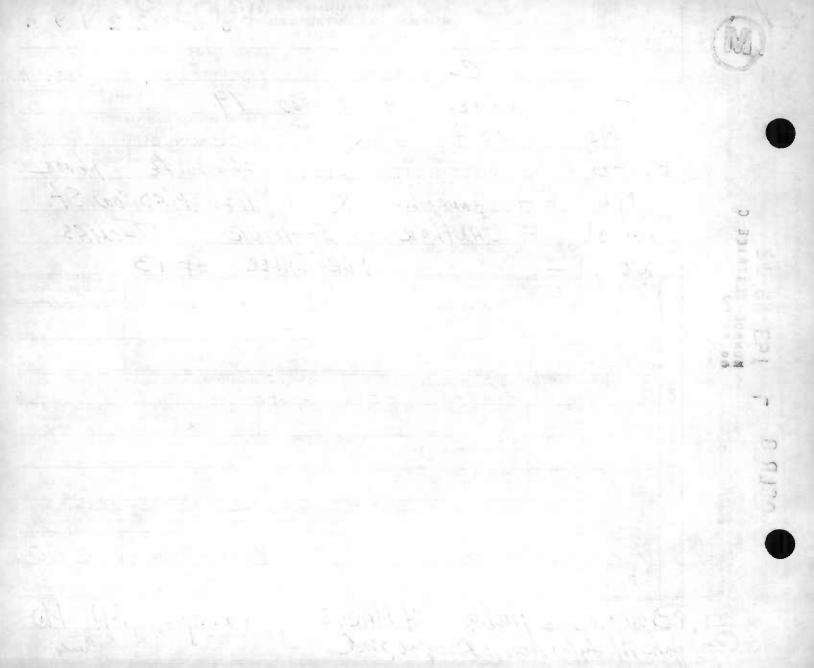
	1		STATE OF MARYLAND	
14	1	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2	2 9 9 2
X0 //		REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
me A		CEASED NAME FIRST	MODLE LAST 20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
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	7. D	IRTHPLACE (STATE OR FOREIGN	NEGEO ID 5-1-21 59 YRS.	
leoth. P		COUNTRY) COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIEVER MARRIED ON DIVORCED OF COUNTY	MD.
the fe	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREES ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
201 ors offer by the filed w		DALTO.	2212 WALBROOK AVE	
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill you!	13a	AL RESIDENCE OF NURSING HOME OR STATE 136 COUN	ITY 12 CITY OF TOURS AND INCIDE CITY HAVE TOO IN CYPERY A PROFESS	BROOK AVE
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TIMO		YES, NO OR YNKNOWN) (IF YES, GIVE	218-12-9718 Doris Hullen San	
BAL cate cate oper val. nt, th		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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death c death c othendin ove cork frion, or		1470	DUE TO, OR AS A CONSEQUENCE OF	A 44 (198)
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Spire Scrool d for n 21	8	saw the deceased alive as above, (i) Iwa (dul) raid not		
OR A DIRECTOR A DIRECTOR OF THE		17h SIGNATURE	DEGREE ATTENDING MEDICAL STAFF	221. DATE SIGNED
RAL RAL		lust	PHYSICIAN 🗌 DIRECTOR 🗍 PHYSICIAN 🗹	9/30/80
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514	230.	BURIAL, CREMATION, REMOVAL		COUNTY
OO / BP		DURINL UNERAL DIRECTOR	10/2/80 Church Cem. Huntingto	
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				STATE OF MARYLAND		
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age 4 ector, s afte		7	WHITE	9 9 1900	79 YRS	MONTHS DAYS HOURS MIN
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4 5 2	USU	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE-RESIDENCE B	EFORE ADMISSION)		
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en al.	-	LIL CAUSE OF DEATH STATE	nly ane cause per line far (a), (b)	11/AM 411.	47 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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THE T		gave rise to immediate	3	OUENCE OF		
The second		gave rise to immediate cause (D), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
Sign of		cause (D), stating the underlying cause last.	(c)	OUENCE OF	MINAL DISEASE OR CONDITION C	IVEN IN PART 1(a)
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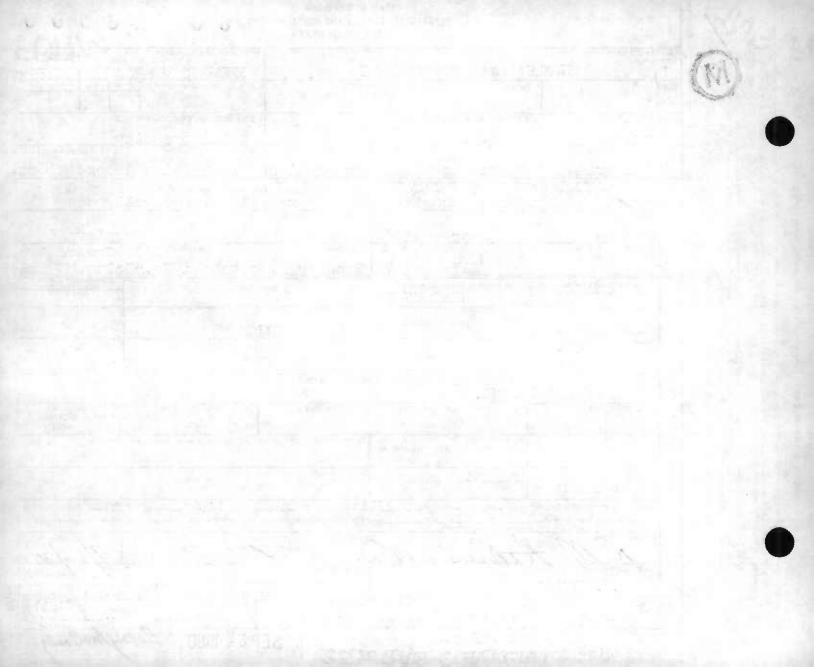
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Ambrose Juneral Home



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AND 212	24 hour	r must be	13a. S		COUNTY TArford Co	SIVE RESIDENCE BEFOR	WN I	13d. INSIDE CITY LIMI YES 🔣 NO 🗌		REET ADDRESS	Place	2	
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BALTIMORE, M. cote be executed ysicion and comp	be execu	2 medical	(Y	(AS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF		166 SOCIAL SEC	7246	Mr. Burns	sband)838- 5 (G, NE	3527 ADDRESS Al BEI	ngford Arm W	MAYLAND	
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	DHMH-16 30M 2/8 (VRA 15, 4)	0	24. EL	INERAL DIRECTOR WILLIAM	n Foster V		ay & Wi	Marns St. 25		BY REGISTRAR 25	. REGISTRA	R'S SIGNATI	Plus

Committee to the committee of the MEN - DECEMBER OF THE OFFICE AND THE CHECK ALL SAIS IN THE PROPERTY OF THE PROPERTY

FOR			DEPARTMENT OF H	EALTH AND MENTAL	HYGIENE	63 "	2 11 11 7
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(TYPE OR P	Samue	21	T.	Nedd	OF E DEATH MA	SII-	10 19 80
3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY		R 24 HRS. 2t. DATE	нтиом	DAY YEAR 2d H
Ma1	e Black	3 21	31 49 YRS	. Indiana Dais	MIN. PRONOUNCE DEAD	9	10 19 80 'å
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	S.C.	USA		WIDOWED DIVOR		imore Ci	
	R TOWN OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF BUSINES OR INDUSTRY
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30. STATE			13c. CITY OR TOWN	N) 13d INSIDE CITY LIMITS?			
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- 1	R'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIL FIRST	DEN NAME	E	LAST
	ershaw		Nedd	Louver		Maca	be
IYES, NO		RMED FORCES?	16b. SOCIAL SECURITY				
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18.	CAUSE OF DEATH (Enter o		e far (a), (b), and (c).) hotgun wound	of Head			BETWEEN ONSET AND DE
6	IMMEDIA	ATE CAUSE (a)					
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214	INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME,	21f. LOCATION			
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	22a. I certify that I taak char			8737		, and in my a	pinion
. de	eath resulted from: Nati	ural causes ,	Accident J, Suic		Undetermined mann	BF	
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EXA	AMINER'S NAME Marg	arita A.	Korell, M.D.	ADDRESS	111 Penn Str	eet	
23a. BURIA	L,CREMATION,REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		IANY
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24. FUNER	RAL DIRECTOR				E REC'D. BY REGISTRAR	25b. 11665 THE R'S	Mill French
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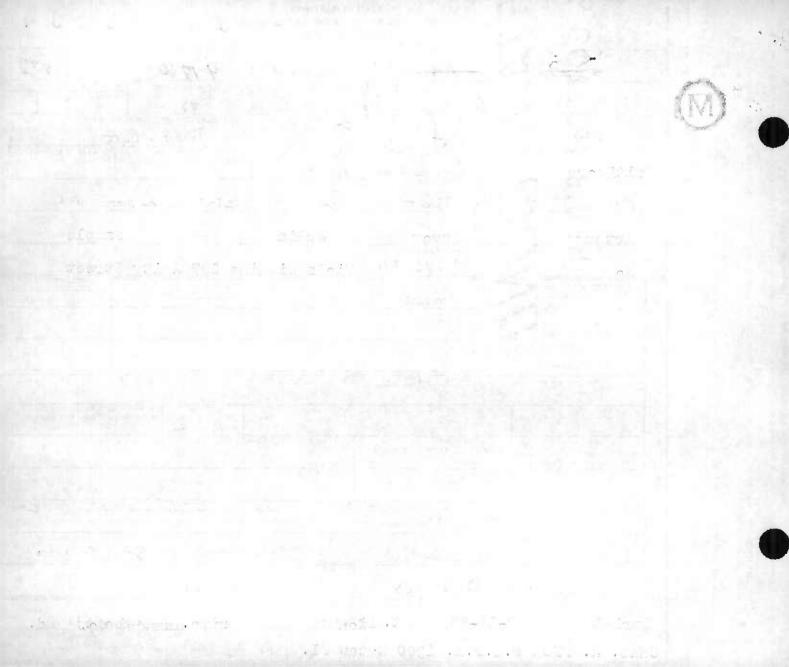
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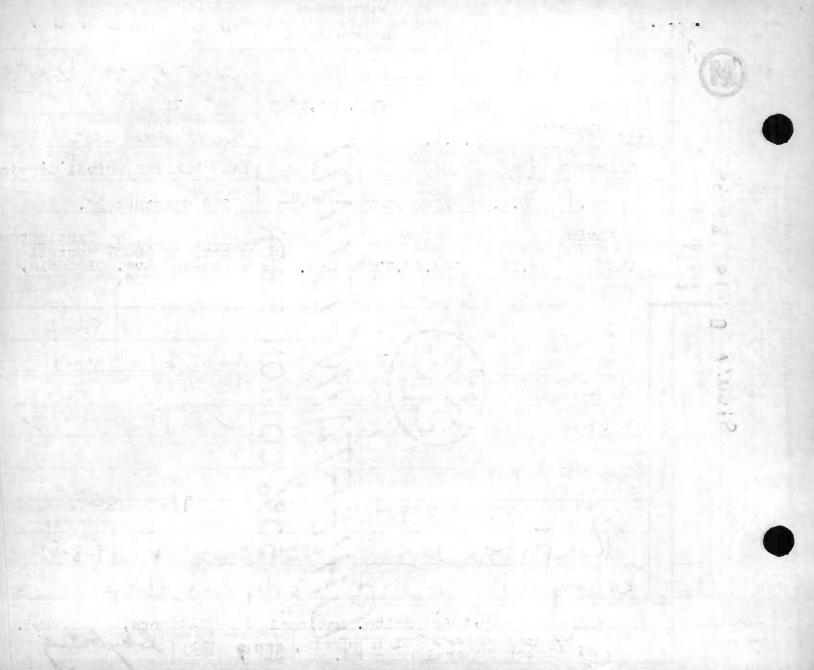
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-9 Evelvn XX D. 27 19 80 Nelson & AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 4 RACE 5. DATE OF BIRTH SEX DATE RONOUNCED 12- 05- 07 72 Female. White DEAD Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City, 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS OR INDUSTRY 2604 Roselawn Avenue Seamstress Clothing Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS 113h COUNTY 2604 Roselwwn Ave. 21214 Maryland Baltimore YESX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE George Clara E. Huga Long 17. INFORMANT TAN SOCIAL SECURITY NO. Westminster, 21157 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) No 215-07-0246 George E. Hugg, 623 Jasontown Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21g EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held on AFTER DEATH, WITH THE death resulted from: Natural causes X Accident Undetermined manner TITLE (SPECIFY) DATE 10/1/80 Assistant Virginia L. Dolan, M.D. 111 Penn Street 23d. LOCATION 236, NAME OF CEMETERY OR CREMATOR Cremation Md. Oct.13,1980 Westview Catonsville. Balto. 25a. DATE REC'D. BY REGISTRAR ROBERT CR. ALTENBURG OR FUNERAL HOME, INC. DHMH - 17 (VR A15 ME (5)) 6009 Harford Rd., Balto., Md. 21214

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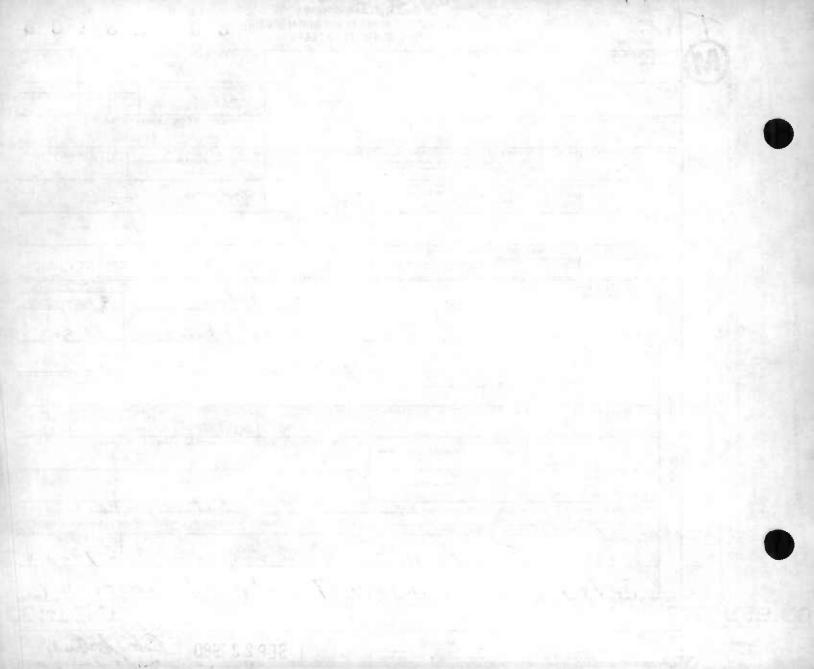
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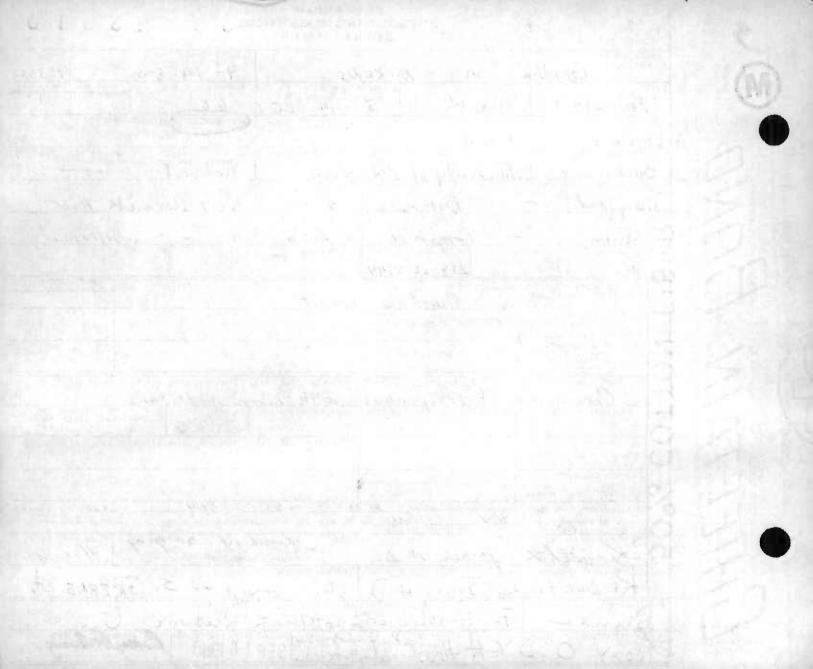
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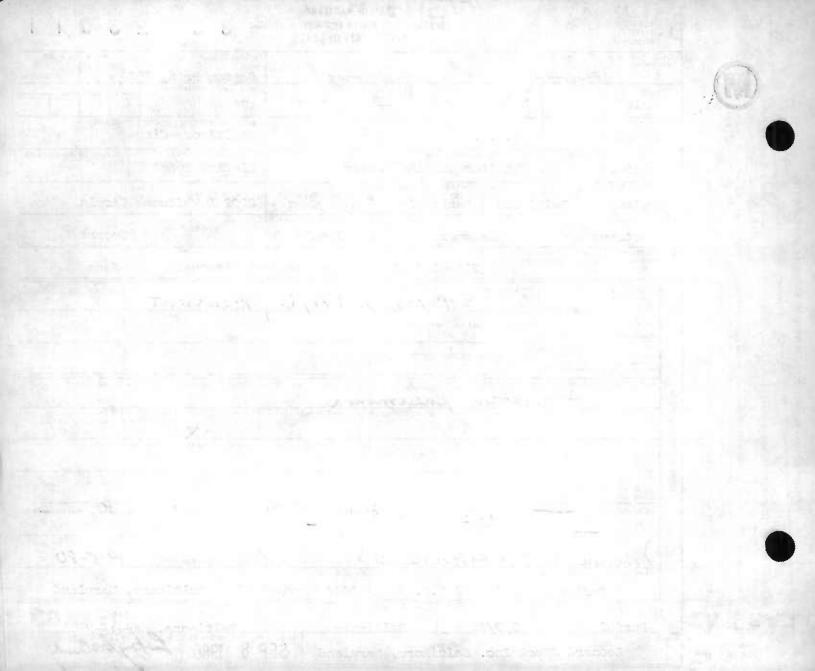
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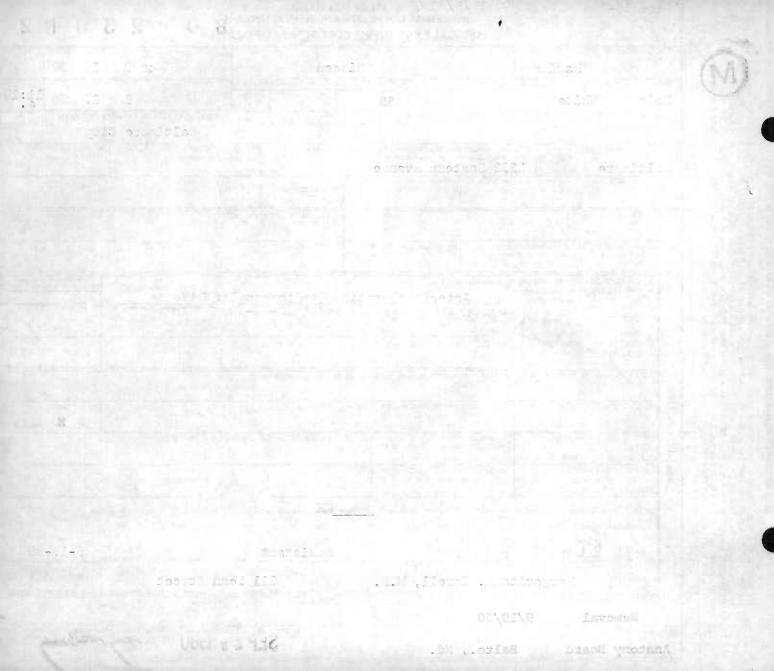
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎



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1	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	23011
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
A	Frederi	ck W	Niemeyer	September 6	, 1980
3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HR
	Male	White	March 15, 1901	79	MONTHS DAYS HOURS MIN
	SIRTHPLACE ISTATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY $U.S.A.$? 8 MARRIED NEVER MARRIED WIDOWED □ DIVORCED	BALLINOIE	OUNTY OF DEATH
	ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS Hami I Con NULS	NG HOME OR OTHER INSTITUTION		126. KIND OF BUSINESS C
		OTHER INSTITUTION, GIVE RESIDENCE MERCHANTY 13c CITY OR TOT timore Parkvi			comb Circle
36 ILF	ATHER'S NAME FIRST Gustavus	MDDOLE Niemeyer	15. MOTHER'S MAIDE Blanche	N NAME MIDDLE	Dugent
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
7	No No	216-01-	7087 Mrs Mar	garet Niemeyer	Same
NO	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DENCE OF DEATH BUT NOT RELATED TO THE 24 MAN A	TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART YOU
THE SHOWS any INC.	190 DATE OF OPERATION		HOPERATION WAS PERFORMED		IN. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES TO NO TO
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is	saw the deceased alive an above, (I) (was (d-d) (did no	ottended the deceosed from	, and that in (my) (see) ap	nian death occurred on the date	ond haur and from the causes stated
T	Mariew (.	Korvaleus		NG MEDICAL STAFF	271. DATE SIGNED
MPORTANT		Lowalewski M.D			more, Maryland
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMAT	ORY 236 LOCATION	STATE
-	Burial	9/9/80	Baltimore	Baltimore	Maruland
25M 1/79	UNERAL DIRECTOR NAME Leonard JR	uck Inc. Baltim	ore, Maryland	SEP 8 1980	hopey helredy





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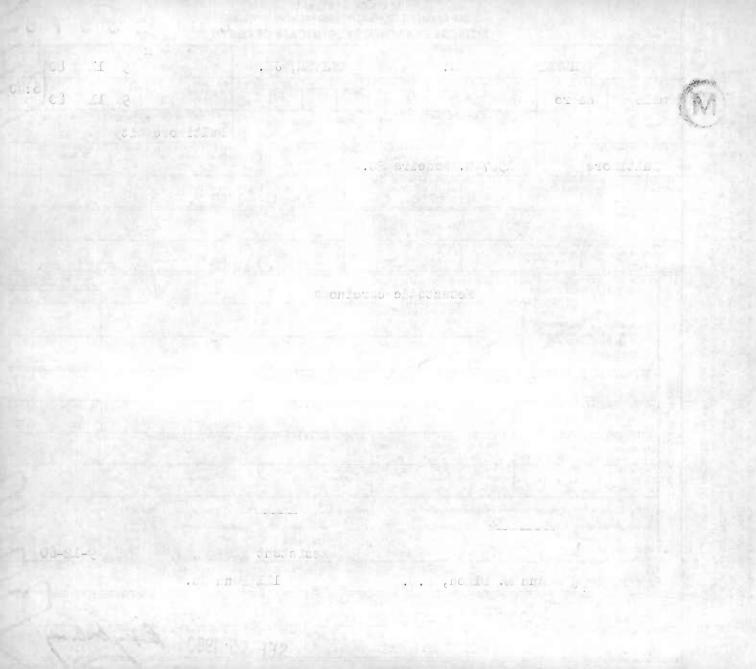
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DHMH - 17		UNERAL DIRECTOR		ADDRESS			250 DATE REC'D	1980 RAR	441	rechang	1
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M) \$	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	Dec. INTRY? 8. MARRIEL WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR Baltimore	COUNTY OF D	DEATH	MD
by if filed		Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Maryland G			120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		Rb. KIND OF BUS NDUSTRY	INESSOR
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ted with		Tohnnie	J	Jones	IS. MOTHER'S MAIDEN NA FIRST Vina	MIDDLE		icks	
be execu		VAS DECEASED EVER IN U.S., (ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	16-2043	George Jor	addres nes/2515 W		er St.	#16
equires that the death certific is signed by the attending phy. Then please remove carbon pot burial, cremation, or remainiury, or other traumatic even	z	Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause last	DUE TO, OR AS A CON (b) MASS I V	NSEQUENCE OF MYOCATO NSEQUENCE OF CCLETOTIC	ngestive hear dial infarcti Cardiovascul	on ar disease	TION GIVEN IN	9/17/8	0
The low requiction. Ite has been simply sit permit. The greene prior to shows any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES □ N X X	206. IF YES, WEI IN CERTIFYING YES [7]	RE FINDINGS U CAUSES OF DE	EATH?
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TTENDING or attacked of Health or 10 rocked of 10 rocked or 10 rocked		220.1 certify that X) (this has	ispital) attended the deceosed on September 25	from Septer	mber 12, 19 8 d that in (196) (our) opinion	O , to Septembe			
TAL OR A y the hos RAL DIREC detached detached rote Dept.		226. SIGNATURE Antonia (Radwick M		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE SIGNI 9/25/80	
TO HOSPITAL TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYP Antonia Cha			c/o Maryland	General Hos	pital		
2BP		Burial, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 09/30/80		EMETERY OR CREMATORY S MEM. PARI	Z3d. LOCATION CITY OF TOWN BALTIMO	re ba	IITO. N	VID'ATE
DHMH-16 30M 2/80 (VRA 15, 4)		RSHATITI W JO	NES JR/41030	DREEDWOND	SON AVE OCT	E REC'D. BY REGISTRAR 21	ISTRAR'S	SSIGNATURE	#16 ENTERVALIM 80 USED DEATH? NO STATE XI) (we) last ses stated NED 0

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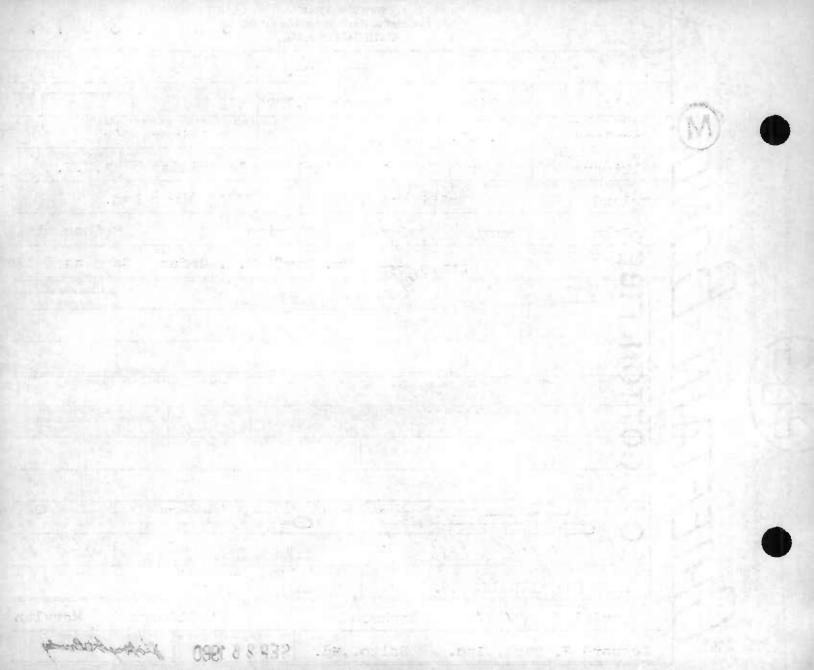
Balto., Md.

Leonard J. Ruck, Inc.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

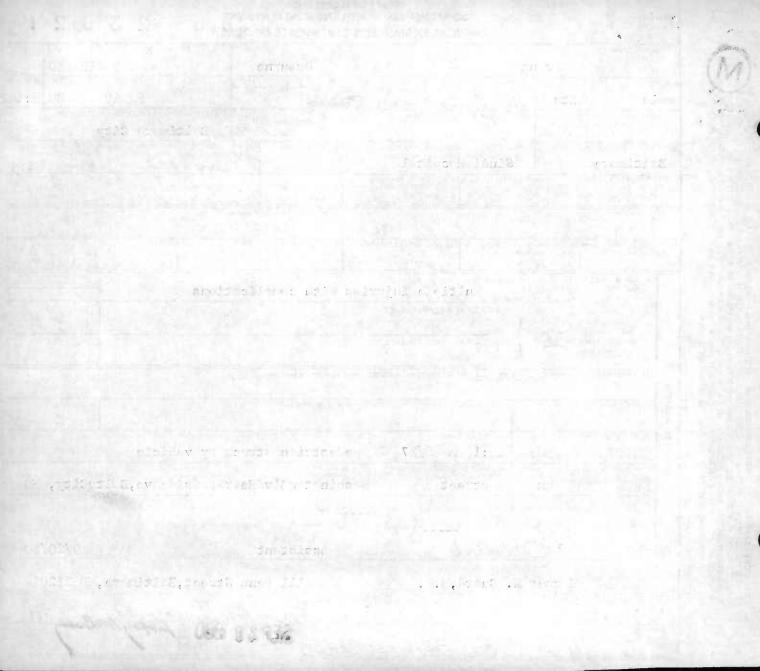
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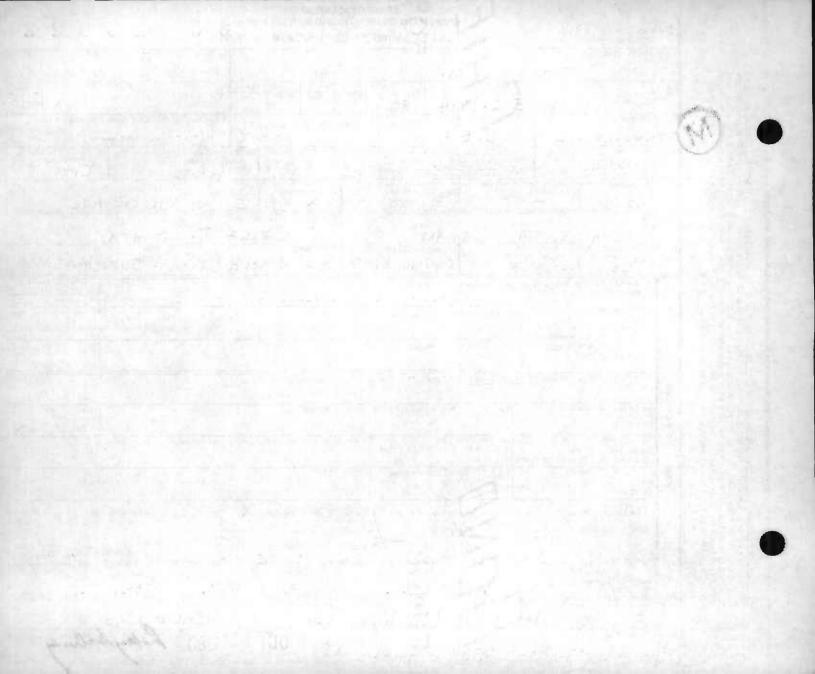
2	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 2	3020
(M).		PECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	ZB HOOK
A		Bett	-	Orr	9 14	4 80 0400 hrs
4	3 S		4. RACE	5. DATE OF BIRTH	MC	UNDER I YEAR IF UNDER 24 HRS
oge or recto	-	Female	White	Mar. 2, 1924 **	56 YRS.	
deoth. P.	5	BIRTHPLACE (STATE OR FOREIGN	USA	MARRIED NEVER MARRIED UNIDOWED DIVORCED	Baltimore City Baltimore City	MD.
by the filled with	4	Ltimore City	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET. UNION MEMORIAL		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY
AND 212	13a	STATE I'M COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Lutherv	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 1505 Norman Av	/e.
MARYLA red within ompletely ond 2 sho	4.1	FATHER'S NAME FIRST Homer	W. Zellers	15. MOTHER'S MAIDEN NA Esther	Edgar	LAST
IMORE, on execution on and co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) TIF YES, GIV	MED FORCES? 166 SOCIAL SECU 199-14-	The second secon	ADDRESS D5 Norman Ave.,Lu	21093 utherville,Md
tos, 201 W. PRESTON ST., equires that the death certification is signed by the attending phen in the please remove carbon probability, or other traumoric even injury, or other traumoric even	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ousince of f Cancer	NINAL DISEASE OR CONDITION GIVEN	N IN PART 1(a)
A RECORDS, on requirements in the form requirement. There ene prior to be come only injure.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
NG PHYSICIAN: The other this certificate has the brind-transit for the hand world Hygier orked or them 18 shop	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	COUNTY STATE
DIVISION OF PRICE	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	9/02/8() 19	9/14/80	
ATTENE Septial SCTOR: d for us t. of Hee		sow the deceased alive on	077011 0111	1162	death occurred an the date and hour of	9, that the (we) lost and from the causes stated
AI OR AI OR AI DIRECTED OF THE HOST		226 SIGNATURE CATTURE	torMo	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9/14/87
O HOSPIT etained by TO FUNER should be o with the Str	1	22d PHYSICIAN'S NAME (TYPE C Christjon Hudo		22e ADDRESS	ORIAL HOSPITAL	
D & D & \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c. N	NAME OF CAMEBOOK CREMATORY Tatin- & Ferris	23d LOCATION Uest Chester	county STATE Chester Pa.
DHMH-16 30M 2/80	74	DIRECTOR 1	(P) ADDEST	+ + A P 250. D	BYREOSOL 254 NOSHAW	THE SHOW THE STATE OF THE STATE

LATER OF CEEP and the contract that the state of the state , in the second of the second TALLER PROPERTY TOTAL Inches on Hundredom,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN K CTYPE CHEPRIAD Frank Osburne DEATH MATED L NUCH M 4. RACE DATE OF BIRTH A. AGETH WARE IF UNDER LYR. IF UNDER 24 HRS 1 SEX DATE LASS BETT-CHANGE TO PRONOUNCED male white 8:10P . 80 44 12 * BALTIMORE CITY OR COUNTY OF DEATH HE BRTHPLACE CUANT OF IS CITIZED OF WHAT COUNTRY? NEVER MARRIED Baltimore City DIVORCED 35 IL CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION THE USUAGOCCUPATION (THEFT) WORK Sinai Hospital Baltimore SUAL RESIDENCE (# IN HURSING HONE OF OTHER INSTRUMON, GIVE RESIDENCE BEFORE ADMISSION. DITY ORTIGIAL LTM: INSIDE CITY LUMITS? 136 COUNTY IL FATHER'S NAME MAIDEN NAME ADDRESS. Inc. WAS DECEASED EVER IN U.S. ARMED FORCES? CIVE WAR OF DATEST APPROXIMATE INTERVAL BETWEEN ONGET AND DEATH QAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER VIGNITIONS CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE FERMINAL DISEASE OF CONDITION GIVEN IN PART 1 ---19s. DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED? 76 AUTOPSY7 NO [216 EXTERNAL CAUSE WAS TIN TIME OF INJURY THE HOW INJURY OCCURRED LEWIS HATURE OF HILIRY IN TEN 18 PART 2 OR PART 21 UNDERLYING pedestrian struck by vehicle CONTRIBUTING CAUSE OF DEATH TIL LOCATION THE PLACE OF INJURY (AT HOME STREET, FACTORY, FASH, STC.1 WashingtonBlvdNearWoodsideAve, BaltoCity, MD AT WORK AT WORK XX WHILE street 72s. I certify that I took charge of the remains described above, held on and in my opinion Undetermined manner death resulted from TITLE (SPECIFY) 9/20/80 ACTUAL Assistant TO MEDICALE
EXECUTE HIS
PAGE
TO PUNETAL
AFTER DEATH SIGNATURE. EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 **DHMH - 17** (VR A15 ME (5) 15M 7/76



	1-	FOR STATE REGISTRAR		STATE O PARTMENT OF HEAD CAL EXAMINER'S		YGIENE F DEATH REG. N	23022
		ECEASED NAME FIRST		AIDDLE	LAST	20. DATE KNOWN [X	
wastes.	(1)	(PE OR PRINT)	rence h	^	Oaman	OF ESTI- DEATH MATED	
A PURE	3 SE		5. DATE OF BIRTH	6. AGE (IN YEARS IF	Osman UNDER 1 YR. I IF UNDER		9 29 1980 M MONTH DAY YEAR 26 HOUR
OUR TANK		Male White	MONTH DAY	YEAR LAST BIRTHDAY) AND	ONTHS DAYS HOURS	MIN PRONOUNCED DEAD	9 29 1980 10:35
		OREIGN COUNTRY)	7b. CITIZEN OF WHA	T COUNTRY?	RRIED NEVER MARRI	9. BALTIMORE CITY C	OR COUNTY OF DEATH
明書の	7)	ENNSYLVANIA	U.S.	A	OWED DIVORCE		City. MD.
A HER	D. C	Baltimore	(IF NOT IN SUCH FACIL	TAL, NURSING HOME, OR O		120. USUAL OCCUPATION (TYPEOR MOST OF WORKING LIFE)	OF WORK 176. KIND OF BUSINESS OR INDUSTRY
De la	ÚSU	AL RESIDENCE (IF IN NURSING HOA		pkins Hospita	3.1	GUARD	CITY
21201 F ANY 2. AND SHOULD FEADURE		STATE 13b. CO		BALTO.	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	TON AVE.
MD. 2 S 1, 2 PPM VITAH	90 a 14. F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDE		LAST
	10	CHARLES	11 6	NAN	BE		NITH
MORE, TER DE PAGE FORM	1 160.	WAS DECEASED EVER IN U.S. (YES, NO, DR UNKNOWN) (IF YES, G	ARMED FORCES?	166. SOCIAL SECURITY NO.	10 INFORMANT	ADDRESS	
S G H Z A			WE WAR OR DATES)	067-16-5697	ant aigh 1	er H. Osman-	511 N. Milton are.
	8 5	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per line fo	r (o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., I D WITHIN 24 HOU ENCIL IN ITEM 18. WINNER ALONG V "TRANSIT PERMIT. REMOVAL.				riosclerotic	cardiovascu	lar disease	
STO NEW YORK		4292		S A CONSEQUENCE OF			
AANS AAL HANS	40	Conditions, if any, whi				No.	
01 W. PREST UTED WITHIN N PENCIL IN EXAMINER. HAL-TRANSIT MENTAL HY OR REMOVA		couse (a) stating the und	DUE TO, OR AS	A CONSEQUENCE OF			
S, 301 W. PREST ECUTED WITHIN S" IN PENCIL IN BURIAL-TRANSIT IND MENIAL TRANSIT NO MENIAL TRANSIT		Tyring coose lost.	(c)_			W. San College	
TAL RECORDS, 30 HOULD BE EXECUT RO "PENDING" IN CHIEF MEDICAL E) USED AS A BURIL OF HEALTH AND A QL, CREMATION, O	z	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PAR	RT 1 (a).	
RECC JID B PEND F ME ED AS	CERTIFICATION	19a. DATE OF OPERATION	TIPE CONDITION	N FOR WHICH OPERATION	I WAS PERFORMED?		20. AUTOPSY?
ITAL RESPONSE CHIEF OF HE OF HE	2 2		IN. CONDING	ATTOK WINCH OFERATION	WASTERI ORNED:		
OF VITA ATE SHORE WORD THE CH TO BE UF TO	3 5	710 EXTERNAL CAUSE WAS	21b. TIME OF IN	JUIDV Tale	HOW INTERPRETATION	D LENTER NATURE OF INJURY IN ITEM 18	YES D NO
N SHOOTE		UNDERLYING OR CONTRIBUTING CAUSE C	HOUR A.M.	MONTH DAY YEAR	HOW INJURY OCCURRED	D (SMISK MAINES OF INJURY IN ILEW 18	PART 1 OR PART 2)
IVISK CERT TING DED 1 15H DEPA	MEDICAL	214 INJURY OCCURRED	Ile PLACE OF	INJURY (ATHOMA 21f.	LOCATION		
DIN THIS C WARDS WARDS WARDS TATE OF TATE OF T	2	AT WORK AT WORK	STREET FACTOR	F, Felm, ETC)	STREET	CITY OR TOWN	COUNTY STATE
# 50 mm		778. I certify that I tooly cho	rge of the remains descri	bed obove, held on Au	topsy , Inspection	Inquiry , on	nd in my opinion
AND STANFORM		death resulted from 196	protopuses X. /A	cident Suride	Homicide .	Undetermined monner .	
EX.AM UND DIREC WITH WITH	1 0	1 / 17	V/	180	TITLE (SPECIFY)		
A HOUSE		ACTUAL SIGNATURE	Dowolf)	Much	M.D.Deputy Ch:	iefiedical examiner	DATE SIGNED 9/30/80
DDICAL TETHE A SHO NERAL DEATH OPE A	12/		P	1			
WOMEN E	4	EXAMINER'S NAME (TYPE OR PRINT)	homas D. Sm	ith, M.D.	ADDRESS 111]	Penn St. Bal	to., MD.
027074	22a,6	BURIAL CREMATION REMOVAL		230 NAME OF CEMETER		23d LOCATION	
AMA 200		BURIAL	10-2-80	PAY LAW	N GEM.	BALTO.	COUNTY STATE
DIMM- 17	24 1	UNERAL DIRECTOR		<u> </u>		ECO. BY REGISTRAR 256. R	STPAR'S SIVENATURE
IVR A13 ME (51)	19	tarto bil	Qu - 2331	marsheli +	20 001	1 1380	Try mounty



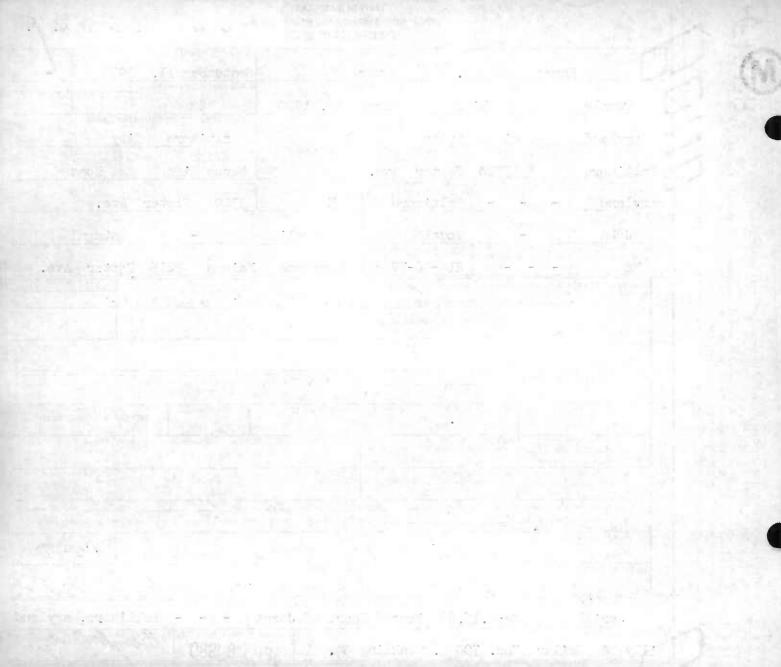
H. 101/0180	FOR STATE	18a-22a B		DEPART	MENT OF H	HEALTH	AND MEN	ITAL HYGI	0 1		2 3	a	2 3
1	REGISTRAR DECEASED NA (TYPE OR PRINT)	ME FIRST E11sv		MIDDLE	d d		AST	ALEOFD	20. DATE OF	REG. NO KNOWN X ESTI- MATED	монтн 9	12 ₁₉	AR 75. HOUR
	SEX Male	4 RACE White	S. DATE OF BIRTH	YEAR 17	6 AGE (IN YEA LAST BIRTHDA	Y) MONTHS		UNDER 24 H	PRONOUS	NCED	MONTH 9		8249 80 PM
35	a. BIRTHPLACE FOREIGN COUNTRY Maryla	nd	76. CITIZEN OF WE	IAT COUN		8. MARRIE WIDOWE		R MARRIED [Baltim	ore (Oity,	MD.
0	Baltimo	ore	II. NAME OF HOS (IF NOT IN SUCH FAIL St. Agne	S Hos	spital		R INSTITUTIO		USUAL OCCU FOR MOST OF WO Painte	PATION (TYPE RKING LIFE) T	OF WORK	OR INDICATED OF THE STATE OF TH	BUSINESS USTRY CON WEST
Z 13	SUAL RESIDENCE SUSTATE MARYLAN		OR OTHER INSTITUTION, GIV	13c. CITY BA	OR TOWN	E I	3d. INSIDE CITY YES 🔀	LIMITS? 13e.	STREET ADDR	e SOTO	ROAD	, 2122	23
0	FATHER'S NAME FIRST LOUI		MIDDLE IENRY	OT	TO	9	15. MOTHER'S FIRST MA 17. INFORMA	RY	- '	MIDDLE K.	P	IQUETI	2
1	(YES, NO, OR UNKI	NOWN) (IF YES, GIV	E WAR OR DATES)		-01-47			OTTO	1027	De SOTO	ROA	-	223
	gave cause (lying c	ians, If any, which rise to immediate (a) stating the <u>under</u> ouse lost.	(b)	AS A CON	YSEQUENCE C	OF OF				ase			
3	19a. DATE C	OF OPERATION	19b. CONDII	ION FOR	WHICH OPER	ATION WA	S PERFORME	ED?			T a	20 AUTOF	
3	21a EXTERI UNDERLYIN CONTRIBU	NAL CAUSÉ WAS NG OR TING CAUSE OF	DEATH P.M	. MONTH	DAY YEAR			CCURRED (EF	ITER NATURE OF IN	JURY IN ITEM 18 P.	ART 1 OR PAI	RT 2}	
	LLI .	OCCURRED NOT WHILE AT WORK	21e. PLACE C STREET, FACT	OF INJURY ORY, FARM, E		21f. LOC	ATION REET		CITY OR TO	NWO	COL	UNTY	STATE
	ACTUAL SIGNATUR	elted from: Nati	ge of the remains des ural couses X,	Accident	, Sui	Autapsycide	Hamicide TITLE (SPE- Assis	CIFY)	, Inquiry	MINER	DATE SIGNE	9/:	13/80
2	EXAMINER (TYPE OR P	RINT) VI	rginia L.		n, M.D.		CREMATOR	Y 23	111	Penn :	Stree		STATE
2	BUR IA 14. FUNERAL DIR NAME HUBBARD	ECTOR	09-16-80 HOME, INC	410		UDON 21229 ENS A	25		ALT IMO	RE CITY		MARYI	

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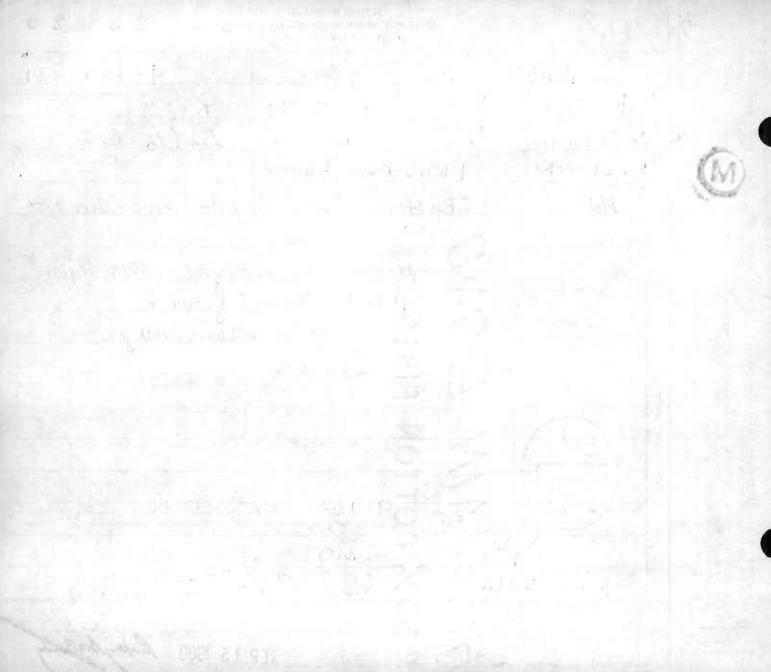
MARYLAND 21201

BALTIMORE,

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,



3	1 -	FOR STATE REGISTRAR	DE	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2 3 0	2 5
poge 3		CEASED NAME FIRST OR PRINT)	RY A	0	W GNS	20 DATE OF DEATH	MONTH DAY YEAR THOAY) IF UNDER 1 YE.	0 3 1 1
irector, p		FEMALE	B.	ATMOM C		809	PAYES MONTHS DAY	
72 ho	C	RTHPLACE STATE OR FOREIGN OWNERY) ARYLAND	76 CITIZEN OF WHAT COU	MARRIE		Baltimore city of	TO COUNTY OF DEATH	4 MD
139	10 C	BALTIMORE	11. NAME OF HOSPITAL, I	NURSING HOME OF STREET ADDRESS)	A1	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE)	# BUSINESS OR
135	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Poplar Gr	ove St.
ond 2 st	14 FA	THER'S NAME	MIDDLE LA	AST	IS MOTHER'S MAIDEN NAM	WIDDLE		LAST
Poges I		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	- 28-312	17 INFORMANT B Vera Je	FFries	1814 Pc	Gr. St.
g physicia ion popers removal. event, the		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	nly one cause per line far (o), ED BY TE CAUSE (a)	, (b), and c	te Iremo	e faile	APPR BETWEE	ONMATE INTERVAL EN ONSET AND DEATH
ove corb		Conditions, if any, which	DUE TO, OR AS A COM	NSEQUENCE OF	Sepsin.	e Unney t	radinger	
l by me ease rem al, crema r other ti		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	usequence of	Zencher		0	
Then ple r to burn injury, o	NOI	PART 2. OTHER SIGNIFICANT C	eonditions <u>contributi</u> n	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(a)
hos bee t permit. ene prio ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	which operatio	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
uriol trons		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2	2)
ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
for use o of Health 21 is mo		220.1 certify that (1) (this haspit saw the deceased alive of above, (1) (we) (did) (did ha		- 19 8 O or	d that in (my) (our) opinion o	to	ote and hour and fram t	, that (I) (we) last he causes stated
of DIRECted to Dept.		22b. SIGNATURE	W.		MD ATTENDING	MEDICAL STAI	FF	TE SIGNED
TO FUNERAL should be deta with the State IMPORTANT: I		22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESS APT	10,24	ATIMER CT	
sho wit	(BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
50M 1/76 5 (4))	24. FI	Uria! UNERAL DIRECTOR NAME		RESS North Ass			re Co., Md. 25b. REASTRAR'S SIGN	



0			STATE OF MARYLAND		0 0 6
	FOR 1 - STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 0 2	3 0 2 0
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 H UR
be coth	EDWA	IRD	PACE	SEPT 2	14 80 505 pm
your god	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4	MALE	WHITE	04 18 13	67 YRS.	MONTHS DAYS HOURS MIN
Poor Poor		76 CITIZEN OF WHAT COUNTRY?	1 SEPARATED _	9. BALTIMORE CITY OR COUNTY	OF DEATH
n 72	VIRGINIA DSA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	CITY MD.
er de fu	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
or s off	BALTIMORE	MONTE BELLO	HOSPITAL CENTER	A)	
212	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	01000 117100
AND 24 h	MD NON			LIVED IN NURSIA	16 HOMES SINCE
YLA thin thin thin thin	14. FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	LAST 1950'S
MAR who was a wind with a wind	HENRY	AIDDLE LAST PACE	MINDLE	WIDDLE	BROOKS
DRE, yecute ges 1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		, ADDRESS	
Poge	UNKNOWN	218-01-	5179 PT'S CHART		
ALT ALT or bers. or . the					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B	PART I. DEATH WAS CAUSED	E CAUSE (a) GENER A	HEART FAILUR	CLEANSIS	VR5
ON Sering or reported or repor	2500	DUE TO, OR AS A CONSEQUE			
RESTON death cr tattendin move cark ortion, or troumatic	Canditions, if any, which		MELLITUS EM.	ACIATION	
PRI the character tree can be	gave rise to immediate cause (a), stating the	DUE TO, ORAS A CONSEQUE			19
by by orse other other	underlying cause last	BOOA.	PVD B BKAM	PUTATION, (R) FEI	NUR 712-12-14 2
res t res t n ple buric y, or	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
RDS en sie The inju	5 (1) nephrect	tomy,			
RECORDS low requi os been sig eremit. There re prior to k vs ony injur	O MESTICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
	FILE		•	YES NO YE	S NO
DIVISION OF VITAL NG PHYSICIAN: The r ortending physicion viter this certificate h os the buriol-tronsit th and Mental Hygier th and Mental Hygier ovked or Item 8 shou	OR COLUMNIA CALIFF OF OF	10. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, F	ART 1 OR PART 2)
SICIA ng pk certifi rriol-tr frem	(IF EITHER, NOTIFY MEDICAL EXAMINER)	. P.M. 12 14	7 1979		
PHY ending this te bu	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	- CITY OR TOWN	COUNTY STATE
NG NG wither on the orke	AT WORK AT WORK	IN HOSPIT	AL		
LOZ CSe CSe People S B B S B S B S B S B S B S B S B S B		tol) ottended the deceased from _	80 and that in (my) (our) pounion		19 50, that (I) (we) last
R ATTER hospital RECTOR RECTOR Febt. of H	sow the deceased alive an abave, (I) (we) (did) (did no	7 9 9	1, 6116, 1116, 111, (111, 1)	death accurred on the date and have	
OR A DIRECTOR POR PORT OF THE PRESENT OF THE PORT OF T	22b. SIGNATURE	1 1.1 1.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
수는 수용하고	merjorees	K. Venary	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	19-24-80
HOSPITAL med by th FUNERAL uld be den the State	22d. PHYSICIAN'S NAME (TYPE OF	RPRINT)	22e ADDRESS	CARLOW DOUNG	- P
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

1 -	REGISTRAR			CERTI	FICATE OF DEATH	REG	NO.		
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	AS DECEASED E	VER IN U.S. ARMEL		TAL SECURITY NO.	17. INFORMANT	AD	DRESS	11-11	
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DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remayal

TO FUNERAL DIRECTOR: After this certificate has been signed by the

MEM. PARK

BIIRTAT
24 FUNERAL DIRECTOR WILSON FUNERAL HOME SALISBURY, MD.

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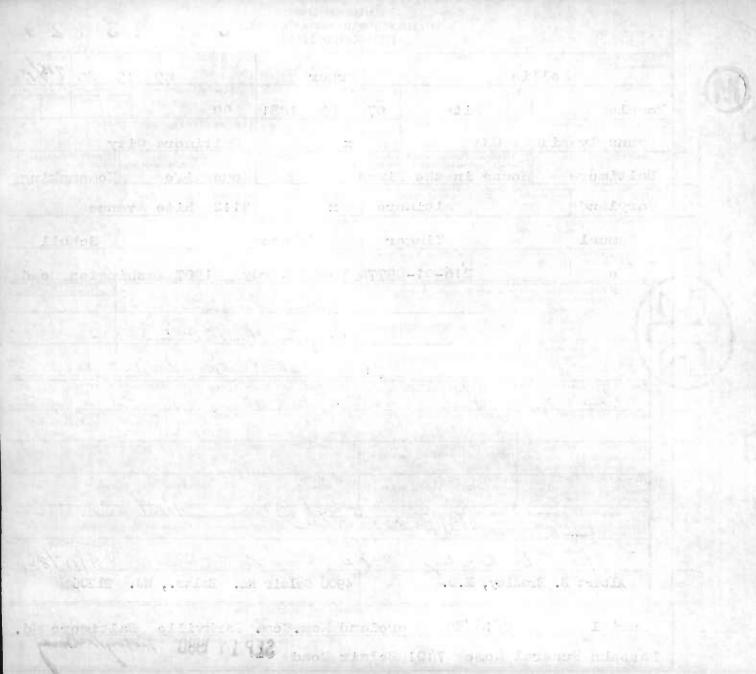
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ATRICAL STORY IN THE LOW MENTAL WARRENCE, MANAGED AND ARTHUR ATRICAL AND ARTHUR ARTHUR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR L DECEASED NAME (TYPE OR PRINT) . . Mellie 80 09 Parker IF UNDER 24 HPS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX MONTH YEAR DAYS White 07 03 1881 Female BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Pennsylvania USA WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore House in the Pines Housewife Homemaking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13g STATE 13c. CITY OR TOWN Baltimore 3112 White Avenue Maryland YES X NO F 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST FIRST MIDDLE MIDOLE FIRST Yinger Schull Samuel Rebecca ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR OATES) 216-01-89771 1907 Washington Road Leona Hardy No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (ct.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [YES T NO 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ă CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from, 80 and that in (my) (and apinion death accurred on the date and have and from the causes stated saw the deceased alive an. above, (1) (web(abd) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL + MO FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Balto., Md. MPORT Belair Rd. Show 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE /16/80 Moreland Mem. Cem. Parkville Baltimore Md. Burial 24. FUNERAL DIRECTOR DHMH - 16 25M 7401 Belair Road Lassahn Funeral Home (VR A 15 (4)) 9/74

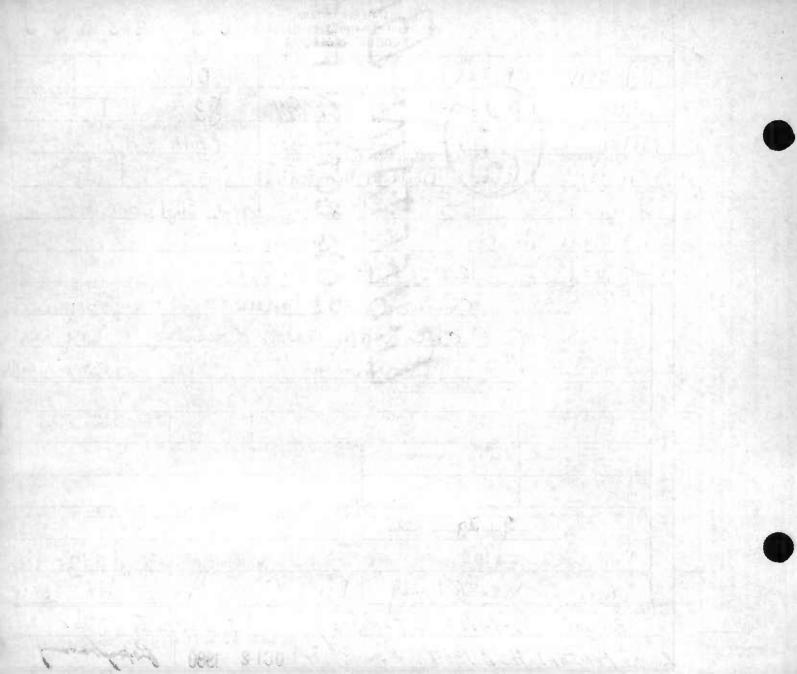


FOR

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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cate be executed within 24 haysician and campletely filler apers. Pages 1 and 2 shauld wal. 11, the medical examiner metry, the medical examiner metry.	160 WAS DECEASED EVER IN U.S. ARMÉ (YES, NO OR UNKNOWN) (IF YES, GIVE V NO			ADDRESS	
NG PHYSICIAN: The law requires that the death certificate attending physician. After this certificate has been signed by the attending physician is the burial-transit permit. Then please remove carbon paper to an Amental Hygiene prior to burial, cremation, ar remaval. An and Mental Hygiene prior to burial, cremation, ar remaval.	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.		Imonay or	esterior tong or o pharyne	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he law requirion. has been sign thermit. Then iene prior to blooms any injury	NOTE 190. DATE OF OPERATION 190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE		20a. AUTOPSY? 20b. IF Y	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)
G PHYSICIAN: The attending physician er this certificate he the burial-transit and Mental Hygie ked or Item 18 share	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM)	8. PART I OR PART 2) COUNTY STATE
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0 Z BP	Removal 24 FUNERAL DIRECTOR	9/5/80			COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	Anatomy Board	Balto., Md.	SEP	E REC'D. BY REGISTRAR 256. REG	Try McChearle

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME O. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-1.80 Willie Lia Payton 9 DEATH MATED 3. SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1.80 male negro 8 DEAD 30 39 41 To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BaltimoreCity North Carolina DIVORCED WIDOWED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Maryland General FOR MOST OF WORKING LIFE! Baltimore Hosp. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2603 Loyola Southway 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland YES Baltimore NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Leadenhouse Lumas Payton Eva 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Edith Payton 2603 Loyola Southway NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. HYGIENE, Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ig CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C YES IX NO 71n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOPTO MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 COUNTY STATE SHOULD BE FOR ERAL DIRECTOR: EATH, WITH THE S 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion MARYLAND. Hamicide Undetermined manner death resulted from: TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTMORE, MA MDAssistant 9-26-80 111 Penn St. EXAMINER'S NAME Virginia L. Dolan, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Burial 9/30/1980 Brown's Cemetery Greenville, 25a. DATE REC'D. BY REGISTRAR 1256 24 FUNERAL DIRECTOR DHMH - 17 in Mc Cresty VR A15 ME (5) C. March F/H 1101 East North Ave 15M 7/76

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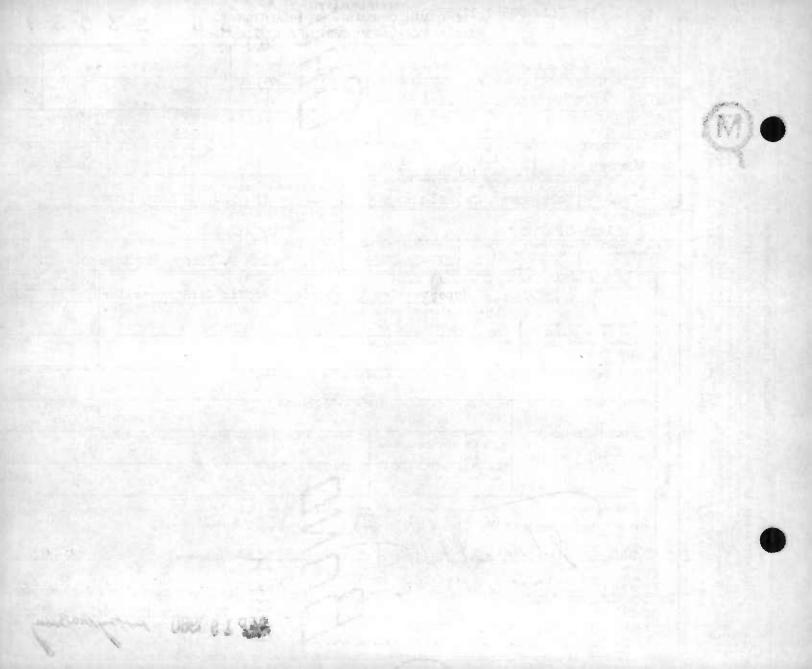
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DHMH-16 30M 2/80 (VRA 15, 4)	H:	UNERAL DIRECTOR RAME ERBERT E. NU	TTER 30	35-37	W. NO			by hel	rodg

AND THE PERSON NAMED IN COLUMN TIP-93-1274 FIT BARIN MECHINIS FEBRURA COM THE STATE STATE OF STATE WORTH AVENUE IN LESS LABOR.

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ME	WHILE AT WORK		STREET, FACTO	RY, FARM, ETC.)		sy X,	Inspection		or town	and in my as	UNTY		STATE
	ACTUAL SIGNATURE EXAMINER'S N. (TYPE OR PRINT	U	nas D. Sm	Dho	Southe L	Hamic TITLE (SI	ode . PECIFY) ty Chi	Undetermine effectical E	EXAMINER	DATE SIGNE	D 9,	/15/8	80
k	BURIAL CREMATIC	ON,REMOVAL 23	Sept.18,1	23c. NAME OF 980 ROSE	CEMETERY C	Cemet	ery	III. LOCATI		2,000	1410	Mary	land
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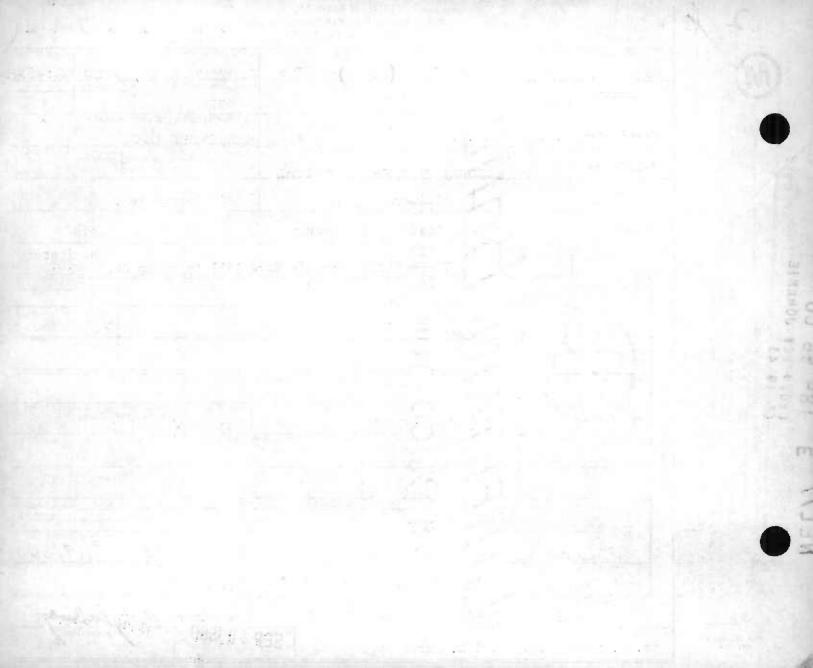


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3 SEX 4 RACE 5 DATE OF BIRTH MARKED 16 BIRTHPLACE (SLATE GETOREGN 76 COUNTRY) 17 BIRTHPLACE (SLATE GETOREGN 77 COUNTRY) 18 COUNTRY) 19 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11 MARKED 12 USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION OF RESERVING HEAVEN HOLD) 13 STATE 14 RACE 5 DATE OF BIRTHPLACE 6 DATE OF BIRTHPLACE 7 DATE OF	SED NAME FIRST MIDDLE			2b. HO
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18 CAUSE OF DEATH (Enter only one cause per line far (a), lb), and (c). PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last OUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last OUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART OUT TO THE CONDITION OF THE PROPERTY OF	O OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	e ALCUIA Alili		
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FIN IN CERTIFYING CAU YES 216 ACCIDENT WAS UNDERLYING 216 OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH OR CONTRIBUTING	ove rise to immediate last (c) DUE TO, OR AS derlying cause last		RMINAL DISEASE OR CONDITION GIVEN IN PART	l(a)
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OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTI	CONTRIBUTING CAUSE OF DEATH HOUR A.M.	MONTH DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2))
LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	HILE ON NOT WHILE O	JURY CTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET		
saw the deceased alive the body after death. 19 80, and that ir (m) (aur) opinion death accurred an the date and hour and from above. (I) (we) I did (i) (i) d not) view the body after death.	1 . Att. at affiliate barrens barrens de distriction		. 10	_, that(1) he causes s
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236 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY	saw the deceased alive above. (1) (we) (did) Gid not) view the body after SIGNATURE PHYSICIAN'S NAME TYPE OR PRINT)	DEGREE ATTENDING PHYSICIAN US, MD 500 W. U	MEDICAL STAFF DIRECTOR PHYSICIAN 9	te signe 2-9 0, Ma

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1/0	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	2;	3 0	42
(A)ve		CEASED NAME FIRST		AIDDLE 7		AST	2a. DATE OF DEATH MO	NTH DAY	YEAR	2b HOUR
(MA)	-	EY JOHNNI		ORNÍON	L DAYE	WN) PERKINS	SEPTEMBER		980	09:45 IAM
4	3. SE	Male Female	4. RACE Asiat	ic ()	5. DATE C	19 43	6 AGE (IN YEARS LAST BIRTHD)	YRS	THS DAYS	HOURS MIN.
oth. Toger erol dim	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY). Vashington D.C.		WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED			DEATH	
he funeral within 72		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION	1		MD. F BUSINESS OR
4 to #		altimore	THE JO		PKINS	HOSPITAL	(TYPE OF WORK FOR MOST OF WI	ORKING LIFE)	INDUSTRY	
ed within 24 hours mpletely filled in by ond 2 should be file examiner must be ne	13a. S M	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN aryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltime	/N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 804 Winsto	n Ave.		
completely 1 ond 2 sh		John FIRST	WIDDIE	Lest	er	Lavenia	AME		Keys	
More execut		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	577-58-		17. INFORMANT Lavenia Ke	ADDRESS ys 1217 Ingre	ham St	Wash	ington .C.
chificate by physicio		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per DBY: TE CAUSE (a)	line for (o), (b), on	d(c).)	arrest.				MATE INTERVAL PINSET AND DEATH
		1991 Conditions, if any, which		AS A CONSEQUI	ENCELOF C	carcino	ua		1 ho	nur
in the death control the attending serven carbon control to other traumation, or other traumatic		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OF	R AS A CONSEQUI	ENCE OF					
requires the signed injury, or injury, or	NO	PART 2. OTHER SIGNIFICAN)	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN I	N PART 1(o	1
nos bee	CERTIFICATION	190 DAJE OF OPERATION	196 CONDI		OPERATIO	N WAS PERFORMED		Ob. IF YES, WI O CERTIFYING YES		
VOFVITAL VOFVITAL VOFVITAL SICIAN: The Opphysicion opp		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	I ITEM TS PART I	OR PART 2]	
7 8 0 0 0 0 0	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE (19	21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
DIVISION ING PHY After this as the bu lith and M oorked or	_	AT WORK NOT WHILE AT WORK			CI	1 8 19	(1) - Cab il	-		
TTEND pitol o TOR: , for use of Hea		22a. I certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no	Sent	19 19	2711	d that in (my) (our) apinion	death occurred on the date	ond hour on		that (I)-(We)Jast couses stated
TOR A A The hosp to the hosp to the hosp to the best to be		III. S GNATURE	d da	lia esa	2 ALM	DEGREE ATTENDING	MEDICAL STAFF	4	22c. DAVES	SIGNED 9
TO HOSEINE recained by the TO FUNERAL should be deto with the State [TEL PHYSICIAN'S NAME (TYPE)	PRINT) ALA	IARAZ	-	PHYSICIAN 220. ADDRESS 002 N.	Broddwar	1	1,0	1
27 1 BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 9/25		NAME OF C	EMETERY OR CREMATORY ant Rest	23d LOCATION Baltimore	0.10	TIMU	STATE
DHMH-16 30M 2/80		JNERAL DIRECTOR				25g-D	PRO BBY BBORAR 2	REGISTRA	SSIGNATU	JRE C
(VRA 15, 4)	N	m. March F.1	H. 1101	E. Nort	h Ave	90	_1 5 0	/		

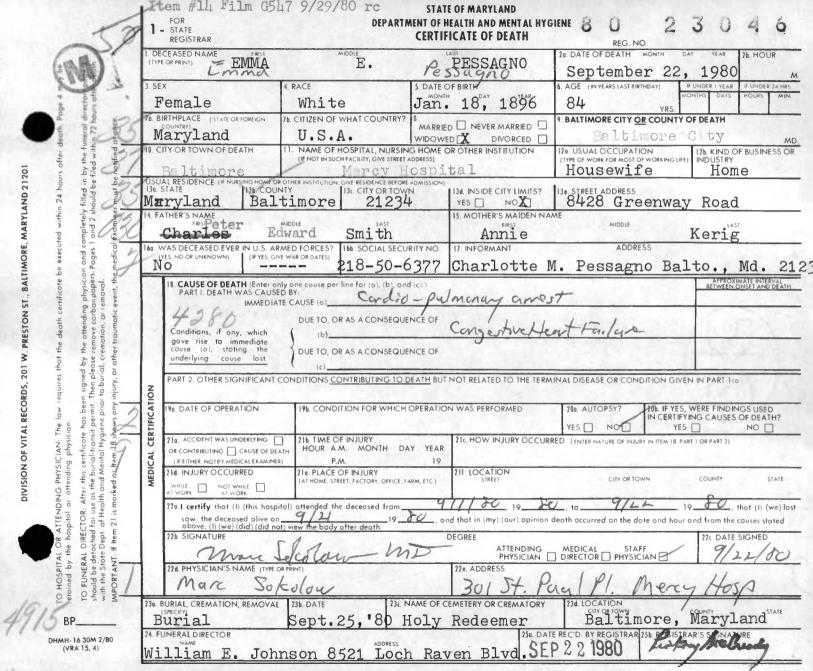


		Items 19a &	b G549 :	11/5/80	dad STAT	E OF MARYLAND				
3_		FOR STATE REGISTRAR		社 各里的	CERTI	ICATE OF DEATH		REG. NO.	230	4 3
(MA)		. DECEASED NAME (TYPE OR PRINT)	PIRST DABEL	WIDDLE		ekin's	2a. DATE C	F DEATH MONTH	30 80	26. HOUR
Can.	1	SEX	4. RACE		5. DATE 6	OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
and the same		a. BIRTHPLACE (STATE ORF	Cu	NOF WHAT COUN	900	07 8	9 91	YI CITY OF COLU		
to the factor of	72	COUNTRY)			MARRIE	D NEVER MARRIE	D SX	ORE CITY OR COU	INTT OF BEATH	M
to ofter de filed with conflied o	10	O CITY OR TOWN OF DEA	Cityo	TY SUCH FACILITY GIVE	URSING HOME (or other institution	120 USUAL	to. City OCCUPATION RK FOR MOST OF WORKIN		OF BUSINESS OR
74 hay filled in ould be	35	JSUAL RESIDENCE (IF NURS 30 STATE	131 COUNTY	136. CITY OF		13d. INSIDE CITY LIM			les Stree	+
l within pletely nd 2 sh	200	4. FATHER'S NAME	WIDDLE	LAS		15. MOTHER'S MAID		WIDDLE	LAS	51
com com	1 1	William 60. WAS DECEASED EVER	H. IN U.S. ARMED FOR	Perkin CES? 166 SOCIAL	SECURITY NO.	Martha 17 INFORMANT	Ε.	ADDRESS	chardson	
e exect	1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR D	ATES)	8-4440		R. Perki		ston, Md.	C+
low requires that the death cer. b. States signed by the ottending sermit. Then please remove carbo e prior to buriol, cremation, or resistory, or other troumatice.	9	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAL	which hediote g the lost. DUE	TO, OR AS A CONS TO, OR AS A CONS (c) DNS CONTRIBUTION CONDITION FOR W	SEQUENCE OF G TO DEATH BUT THICH OPERATIO	NOT RELATED TO TH	200 AUT	OPSY? 20b. IF	F YES, WERE FINDIN	NGS USED
G PHYSICIAN: The ottending physicion the this certificate his the buriol-tronsit prod Mentol Hygien and Mentol Hygien ked or frem 18 show	4	4/29/80 210. ACCIDENT WAS UND		intestina	al obsti	21c HOW INJURY C	YES TO	ATURE OF INJURY IN ITEM	YES OR PART 21	ио 🗆
SICIAN ng phy certific priol-tro enfol h			NOSE OF DEATH	UR A.M. MÖNTI P.M.	H DAY YEAR					
UG PHYS offendin ter this c s the bur n and Me		QUE EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK NOW	(ATH	PLACE OF INJURY OME STREET, FACTORY, O	OFFICE, FARM, ETC]	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AL OR ATTENDIN 1 the hospital or AL DIRECTOR. Af detached for use of 31 flem 21 is mo		22a 1 certify that III sow the decease obove, (1) (we) (c 22b SIGNATURE		7-30	_19	nd that in (my) jour) o	pinion death occurr	ed on the date and	hour and from the	
TO HOSPITAL retoined by the TO FUNERAL should be determined to the Stote with the Stote IMPORTANT: I	1	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	Pul	coren	22e ADDRESS		EST	57.	
Of Day		30. BURIAL, CREMATION,	REMOVAL 236. DA			EMETERY OR CREMA	TORY 234, LOC		COUNTY	STATE
FU BP		Burial	Oct	. 2,1980	Loudon		Ba.	ltimore,	Ma	
DHMH-16 30M 2/80 (VRA 15, 4)		4 FUNERAL DIRECTOR NAME Leonard J.	Ruck Inc	. Baltimo	oress Mari		SO. DATE REC'D. BY	REGISTRAR 256. 99	GISTRAR'S SIGNAT	URE

~ 2	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 3 0 4 4 CERTIFICATE OF DEATH							
(M)		REGISTRAR CEASED NAME FIRST WO	OODROW MIDDLE	, P			20. DATE OF DEATH 0		YEAR	2b. HOUR 4:43p
ge 4 boy	3. SE		Negro	5. DATE OF	1 1 9	ĭ^ŝ			INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
20 20		RTHPLACE (STATE OR FOREIGN N.C.	7b. CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED WIDOWEL	NEVER MAI	RRIED -	BALTIMORE CITY OF	COUNTY OF		MD
by the filled will hotelied		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126 KIND OF INDUSTRY	BUSINESS OR
should be in	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP MD KTHER'S NAME		nore	13d INSIDE CITY YES A	0 🗆	130. STREET ADDRESS 2115 Sin	clair	Lane	
ond 2	14. 17	Charles	MIDDLE Perki		FIRS	lvest	cer		Per	kins
Pages 1	16a. V	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIN	MED FORCES? 16b. SOCIAL SEC (E WAR OR DATES) N/2		Vera		ins 2115 S		ir La	ine
n signed by the ottending pt Then please remove carbono 'ta buria', cremation, or rem injury, ar ather traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE CONTRIBUTIONS CONTRIBUTING TO	JENCE OF SOL	tory Ly 1 10 PRELATED TO	nses Infe	se- ection NAL DISEASE OR COND	ITION GIVEN	74	devate,
tion. the has been it permit, liene prior haws only	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORM	NED	20g AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES (GS USED OF DEATH? NO
ter this certificates the burial-trans and Mental Hyg	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	din .	DAY YEAR 19	21f. LOCATION STREET		ED (ENTER NATURE OF INJURY		OR PART 2)	STATE
AL DIRECTOR: Affected for use of the Dept. of Health		sow the deceased alive an	tol) ottended the deceased from, Sept 75 19. 1) view tile body ofter death.	-	that in (my) (ou EGREE	19 ur) opinion d ENDING YSICIAN [to	F ,		
TO FUNERA should be de with the Stat		22d PHYSICIAN'S NAME (TYPE O	MAC DONAL	D	22¢. ADDRESS	TH	H		-/-	
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- 16 30M 2/80 RA 15, 4)		INERAL DIRECTOR	F/H 1101 EDRESS	North	Ave.		REC'D. BY REGISTRAR	Sb. RESPONDE	y the	Twely

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	CEASED NAM PE OR PRINT)	e FIRST DOROT	HY	M. F	PETERSON	20. DATE KNOWN DE ESTI- DEATH MATED	9 26 ₁₉ 80 26. HO
3. SE	x Cemale	4. RACE negro	5. DATE OF BIRTH		UNDER I YR. IF UNDER	R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	10 1 19 80 3:2
33 PE B	OREIGN COUNTRY	TATE OR	TE CITIZEN OF WHA	MA	RRIED NEVER MARE	RIED PALTIMORE CITY O	R COUNTY OF DEATH
1	Baltime	ore	235 N	ITAL, NURSING HOME, OR C LITY, GIVE STREET ADDRESS! Spring Court		120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE STATE MD	(IF IN NURSING HOME O		Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 235 N. Spri	ng Ct.
	ATHER'S NAM!	- 2	WIDDLE	LAST	15. MOTHER'S MAID Lydia	MIDDLE	Jasper
16a. \	WAS DECEASE res, no, or unkno No	D EVER IN U.S. AR/ OWN) (IF YES, GIVE		212-22-921	8 Irene 1	ADDRESS Lee 1656 Shad	yside Rd.
N	gave ri couse (a lying car		(c)	IS A CONSEQUENCE OF	EASE OR CONDITION GIVEN IN P	ART 1 (a).	
CERTIFICATION	190. DATE OI	POPERATION	196. CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY? YES 🔀 NO [
MEDICAL CER	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH P.M. 21e. PLACE O	MONTH DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2) COUNTY STAT
		fy that I taak charg	e of the remoins described and causes	ribed obove, held an <u>Au</u> Accident , Suicide [Nopsy X, Inspection Homicide TITLE (SPECIFY) ASSISTAT	Undetermined monner ,	d in my apinion DATE 10-2-80

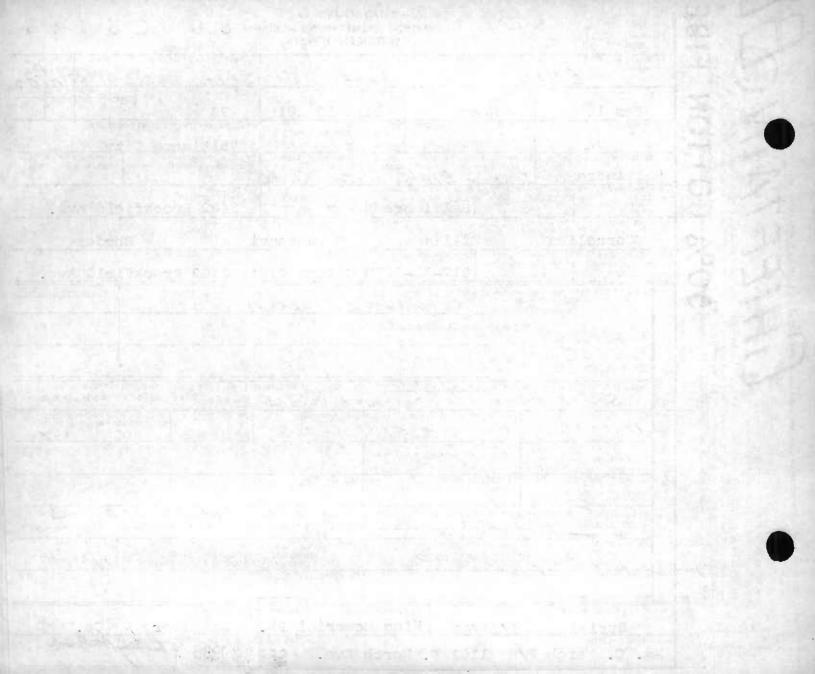
STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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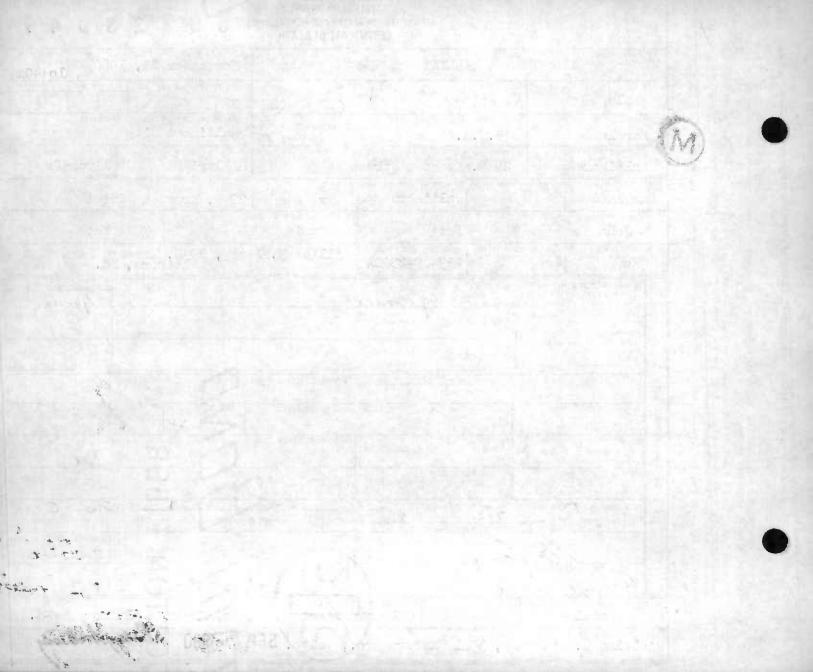
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Н	-	REGISTRAR			CEKIII	TCATE OF DE	AIR	REG. 1	NO.		
		CEASED NAME FIRST		MIDDLE	0	LAST		20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
	(TIPE	ORPRINT) EIIO	11		Po	LOPE	11/	Sont	20	1980	14/2
	3. SEX	-//-	4 RACE		5. DATE C	OF BIRTH	10	6. AGE (IN YEARS LAST B	URTHDAY] JF	UNDER TYEAR	IF UNDER 24 HRS
		Female	Ne	gro	MONTH		O1	78	YRS	NIHS DAYS	HOURS MIN.
0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER M.	ADDIED [9. BALTIMORE CITY	OR COUNTY O	FDEATH	
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	100	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a USUAL OCCUPA		12b. KIND O INDUSTRY	F BUSINESS OR
		altimore	JOHN	L. Dento	11/6	ledical	Center				1-2-5
1	13a. S	MD		Baltimo	N	13d. INSIDE CIT YES X	Y LIMITS?	13e. STREET ADDRESS 2402 B:	rookfi	eld A	ve.
	14. FA	THER'S NAME	MIDDLE	LAST	7/4	15. MOTHER'S	MAIDEN NAM	AE MIDDLE	A BA	LAS	
0		Cornelius		Williams			ssour		R	hodes	
7		AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUI	RITY NO.	17. INFORMAN	IT	ADDI	RESS		
		res, no or unknown) (if yes, giv	E TRAIT ON DATEST	212-32-	3979	Genev	a Dav	is 2402	Brookf		
H		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per	1				ACT TO BE ITS		BETWEEN	MATE INTERVAL ONSET AND DEATH
			E CAUSE (a)	KESPII	RATO	RY 1	ARRES	T			
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		Conditions, if ony, which	(b)_	NE PLACE							
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		underlying couse last.	(c)_				H.Fa.	CIRCL HORS		2.00	
	7	PART 2. OTHER SIGNIFICANT						INAL DISEASE OR COM	NDITION GIVEN	IN PART 10	1
	10 10			TIA, DE				CONGESTIV			
	CERTIFICATION	190. DATE OF OPERATION		TURED				YES NO	20b. IF YES, V IN CERTIFY II YES	WERE FINDIN NG CAUSES	OF DEATH?
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1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	1111		19						
	ED	21d INJURY OCCURRED	21e. PLACE	OF INJURY	DM ETC.)	211. LOCATION	4	CITY OR I	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(AT NOME, 31)	EEF, FACTORY, OFFICE, FA	RM, EIC J						
1		220. I certify that (I) this hospi	gently	e deceased from	mar	ch 2	19 79	. to Sept. 2	20 . 19	80	that (1) (we) last
		saw the deceased alive on above, (1) (we) (did no	Jesza 1) view the body	7 19 8	. 01	nd that in my (d	our) opinion d	leath accurred on the	date and hour a	and from the	couses stated
	ž.	22b. SIGNATURE				DEGREE	4.54			22c. DATE	SIGNED
1		Walte	1.als	IMO		AT Ph	TENDING HYSICIAN	MEDICAL STA	AFF ICIAN 🗌	19./20	0/80
		22d PHYSICIAN'S NAME (TYPE O	R PRINT)		1	22e ADDRESS			TAS 9-2		
		URIAL, CREMATION, REMOVAL	23b. DATE	23t. N	AME OF C	EMETERY OR CR	EMATORY	23d LOCATION		COUNTY	STATE
	1	Burial	9/24	/80 Ki	ng N	1emoria	l Pk.	Balti		ço.	MD
		INERAL DIRECTOR		BENTO TO THE				REC'D. BY REGISTRA	R 25h GIMBA	ANGE	Hindy
	Wi	m. March	F/H 1	101 E. I	North	n Ave.	SEF	2 3 1980	1		/

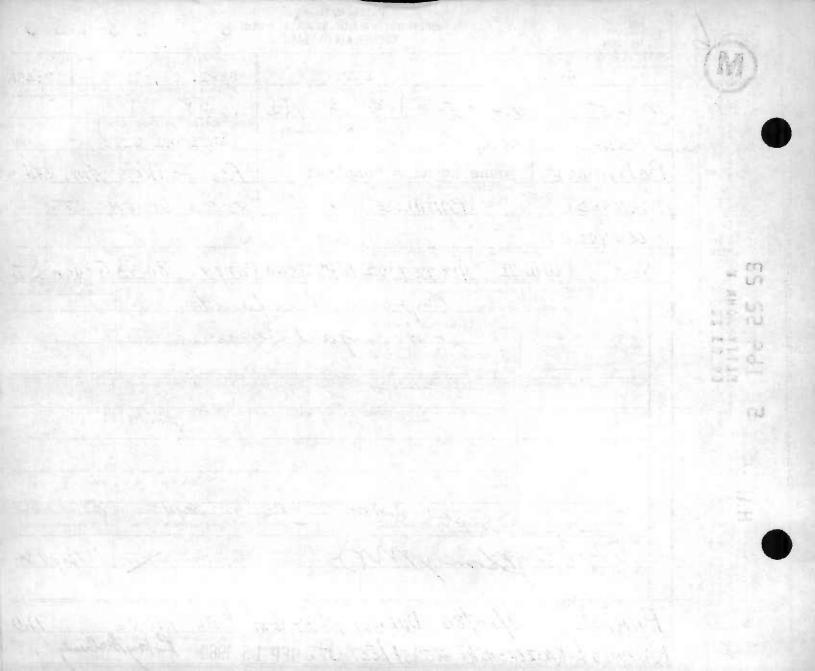
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/	1.	FOR STATE REGISTRAR			NT OF HEALTH AND CERTIFICATE OF I	MENTAL HYG DEATH	REG	. NO.	3 0	4
r death	(TYPE	CEASED NAME FIRST CORPRINT) ELISWO	RTH WIL	LIAM	PETTY		September 120 DATE OF DEATH		1980	10:4
offer o	3 SE	Male	White		DATE OF BIRTH	VEAR 02	6 AGE (IN YEARS LAST	YRS		S HOURS
M	A	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S.A.	W		VORCED [Baltimore cit	re Cit		
2	1	ITY OR TOWN OF DEATH Baltimore	29° N . K	SPITAL, NURSING PACILITY, GIVE STREET AND TO STREET AND	HOME OR OTHER INS	TITUTION	Millwrig			of BUSINE:
28	130 9	AL RESIDENCE (IF NURSING HOM STATE aryland		E RESIDENCE BEFORE ADI	YES XX	NO [29 N. Kr	esson S	Street	
200	14. FA	John	MIDDLE	etty		S MAIDEN NA.	WIDDL		Koch	
1 Pd	16a V	VAS DECEASED EVER IN U.S.		13-09-23	1 1 1 1 7 2	th M. P	etty, 29 ^A	N. Krestimore	sson St	reet
F. F. F. F.		gave rise to immediate cause (a), stating the	DUE TO, OR A	S A CONSEQUENC	CE OF					
w been ugged by the seminary Designation to buried, one only injury, or other	RCATION	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAN THE DATE OF OPERATION	T CONDITIONS CON	TRIBUTING TO DEA			20a AUTOPSY?	20b IF Y	ES, WERE FINE	INGS USED
antiticate has been uigned by the total control prices of the please of the total control by the total by the tot	CAL CERTIFICATION	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAN	196 CONDITIONS CONDITI	TRIBUTING TO DEA	PERATION WAS PERFO	DRMED		206 IF Y	'ES, WERE FINE TIFYING CAUS YES (&	DINGS USED ES OF DEATH
ter this certificate has been upped by the sold bear in the build tracers perms. Their please in and Meetall Fygures prior to build created or their 18 Meets only injury, or other	MEDICAL CERTIFICATION	cause 101, stating the underlying cause last PART 2. OTHER SIGNIFICAN The DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 CONDITIONS CONTINUES 196 CONDITIONS CONTINUES 196 CONDITIONS CONTINUES 216. TIME OF INHOUR A.M. P.M. 216. PLACE OF	TRIBUTING TO DEAD ON FOR WHICH OP NJURY MONTH DAY	PERATION WAS PERFO	DRMED	200 AUTOPSY?	20b IF Y IN CERT	'ES, WERE FINE TIFYING CAUS YES (&	DINGS USED ES OF DEATI NO
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0		3. SE	X / 4	RACE	5. DATE C		6. AGE (IN YEARS LAST	_	IF UNDER 1 YEAR	
ge 4		n	rohe !	UHITE	MONTH.	3 1922	58	YRS	MONTHS DAYS	HOURS MIN.
Po Po	é	7a. B	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
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he fun	ed	10 C	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	120. USUAL OCCUP	ATION	126. KIND (OF BUSINESS OR
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R ATTE hospite IRECTO hed for	121		saw the deceased alive on above, (I) (me) (did) (did not)	view the body after death.		d that in (my) (see) opinion	death accurred on the	date and have		
the Doctor	T: If hem		12 510 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	all my	m	ATTENDING PHYSICIAN		TAFF	22c. DATE	Lent 180
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(VRA 15, 4)		1	TY MAND L. KACZ	OROWSKI 23	25/1.22	TULISEP	15 1980	177	77004	7



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEASION ANTI JOSEPH N 2a. DATE OF DEATH MONTH 29 28 Joseph Pickett H. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHMAN # LINCHES I TEAM White YEAR TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED Md. U.S.A. BALTIMORE CITY WIDOWED DIVORCED [IS CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 125 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

JOHNS HOPKINS HOSPITAL Baltimore Technician Electronics DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. CITY OR TOWN 13e STREET ADDRESS Frederick Sabillasville Md. 17331 Sabillasville Road YES K 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Edward Pickett Elva Lynch ADD 17331 Sabillasville Rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1228-140ECH31230 1946-3/3/1948 Mrs. Barbara Pickett Yes Sabillasville, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF ath underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/Q CERTIFICATION THE DATE OF OPERATION 20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO K 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE The I cortify that (within harpital) attended the deceased from , and that in the course on the date and hour and from the couses stated 726. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL Should be deta STAFF PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT: 274. PHYSICIAN'S NAME TYPE OF PRINT 22ª ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Lantz Frederick 9/28/1980 Burial Bethel Church Cemeter ACODRESS 50 S. Broad St 250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Wayne boro, Pa.

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de d	or or	0		N.C.	USA	WIDOW		RCED	Baltimore	City		MD.
01	by the fulled with	18		TYORTOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Maryland Gen	E STREET ADDRESS)		UTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C		12b. KIND C	OF BUSINESS OR
ND 212	filled in I ould be f	35	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	TY 13c. CITY O		13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS Seton H	501 W.	Fra	nklin S
MARYLA	mpletely ond 2 sh	200	14. FA	THER'S NAME	MIDDLE LA		15. MOTHER'S A			11/	LA	ist
MORE, I	Pages 1	1		/AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	T	ADDRI	SS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PHYSICIAN: The low requires that the death certificate be executed within 24 hours	n signed by the ottending physics. Then please remove corbonoppes rto buriol, cremotion, or removal. injury, or other troumotic event, the	160. WAS DECEASED EVER II (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gove rise to imm couse (o), stoting underlying cause PART 2. OTHER SIGN 190 DATE OF OPERATO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT C	D BY: E CAUSE (o) Myocar DUE TO, OR AS A CON (b) Arteri DUE TO, OR AS A CON (c)	dial Inf ISEQUENCE OF OSCIETOT	ic Cardi		ular Diseas			XMATE INTERVAL ONSET AND DEATH	
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TAL OR ATTENDI	by the hospital or ERAL DIRECTOR: A e detached for use State Dept. of Healt ANT: If them 21 is ma			220.1 certify that XIX (this haspi sow the deceased alive on above XIX (we) (did) (diXXX 22b. SIGNATURE	9/27/ O view the body ofter depth	19_80	nd that in ()(6) ((0) DEGREE ATT PH	19.80 ur) opinion of ENDING YSICIAN	, to 9/27/ depth occurred on the di MEDICAL STA DIRECTOR PHYSIC	ote and hour o	and from the	that (K(we) lost e couses stated
O HOSPI	FUN Polid b	1		22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS C/O 8	27 Lin	nden Ave. Ba	alto.	MD 2.	1201
101	E = # 3 ₹			URIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF C	EMETERY OR CRI	EMATORY	23d. LOCATION		COUNTY	STATE
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W		CEASED NAME FIRST	MIDDLE		20. DATE OF DEATH MONT	H DAY YEAR 2	b HOUR
1	(177	GERTRU	DDE M. PIJANOWSK	I	09/12/80	(6:09am
)	3 SE	×	4 RACE 5. DATE OF BIR	IRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS.
	1	EMARE	WHITE NOV.	19 1907		YRS.	TOOKS MIN.
	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
15	n	MARYLAND	U. S.A. WIDOWED	DIVORCED [BALTIMORE (CITY	MD.
~	10.5	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		BUSINESS OR
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	1//	ATHER'S NAME		MOTHER'S MAIDEN NAM		MADEIL	RA U/
1	14. F	TOHN 1	MIDDLE LAST /	1 KIRST ALA	PISKIR	LAST	
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1	(YES, NO OPUNKNOWN) (IF YES, GI	VE WAR OR DATES) 216 34 1909 11	NITCHELL	PIJANOIN	Stel	
		18 CAUSE OF DEATH (Enter p	nly one cause per line for (a), (b), and (c),)	.17.77	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATE INTERVAL
			nly one couse per line for (o), (b), and (c).) ED BY: (TE CAUSE (o) Cardio pulmony)	rest		SCHOOL	DET AND DESIGN
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in Walter	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMIN	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)	
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION W	/AS PERFORMED	20a AUTOPSY? 20b.	. IF YES, WERE FINDING	3S LISED
2	F			, to tell of the	YES NO DE	CERTIFYING CAUSES O	OF DEATH?
-	E E	71g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY 21c	c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN IT		140
4		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR				
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	ME	WHILE NOT WHILE THE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
			pital) attended the deceased from	19.50	to		at (1) (we) lost
		snw the decensed nlive n	10 52 and the		eath accurred on the date or		
4		obove, ()/(we) (did) (did n 22b. SIGNATURE	ot) view the body after death. DEGI		-	22c. DATE SI	
E		12/1/	6n p	ATTENDING	MEDICAL STAFF	9/1.	161
_	-	224 PHYSICIAN'S NAME (TYPE		PHYSICIAN • ADDRESS	DIRECTOR PHYSICIAN	DR 1 //	100
1		01		m/ /.	· 4.		
MPOR AN	-	Velman		Johns Hoph			
	730	SPECIFY CREMATION, REMOVA	236 NAME OF CEME	TERY OR CREMATORY	23d LOGATION	12 SOUNTY	MA
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JAS. A. MORTON + SONS 1901 LAURENS

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24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

YMCA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

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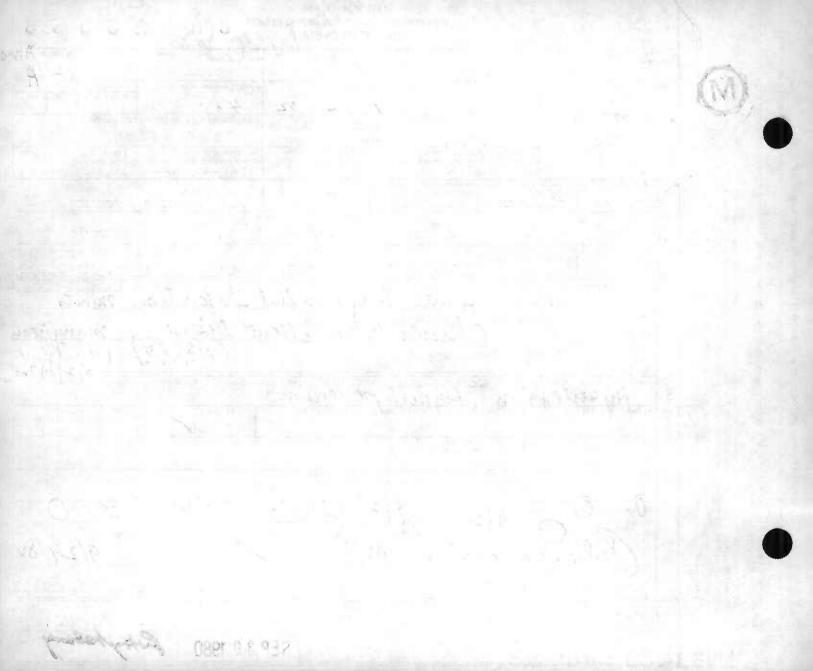
22c. DATE SIGNED

25a. DATE REC'D, BY REGISTRAR 25b. RECASTRAR'S SIGNATU

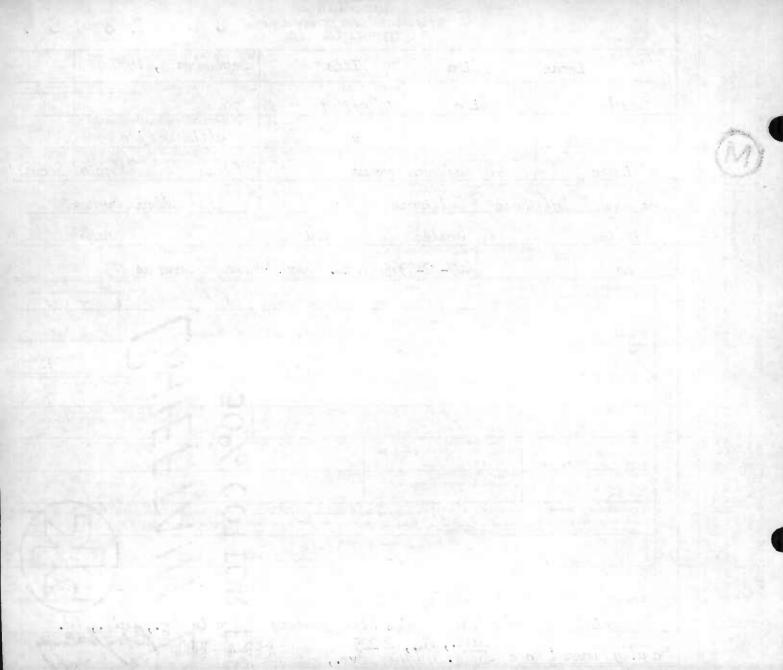
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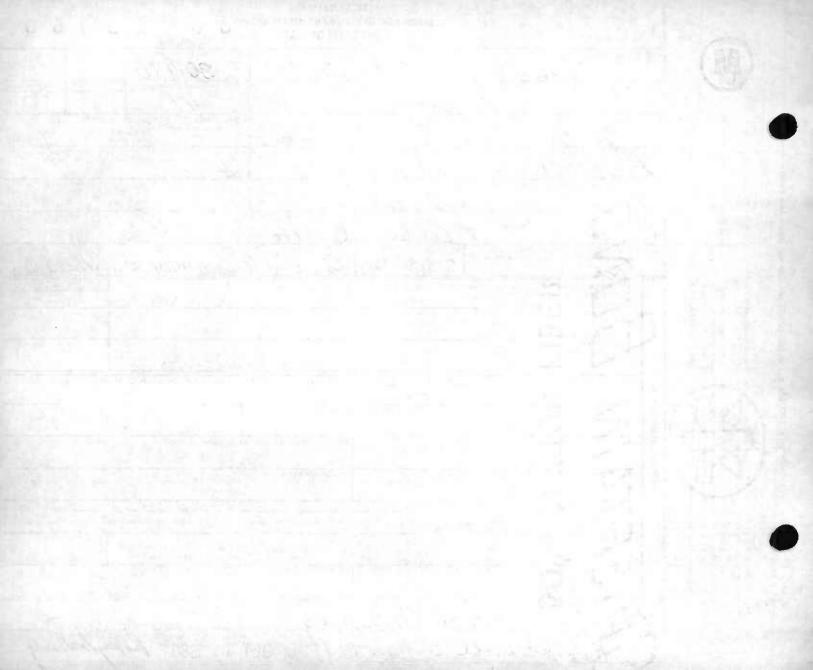
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) Daniel Piper A. Sept. 26, 1980 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR ONTHS DAYS HOURS Male White 32 TE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City West Virginia
10 CITY OR TOWN OF DEATH WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Baltimore City Hospitals ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Distributor Beth. Steel USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 138 COUNTY 136 CITY OR TOWN 6814 Roberts Avenue 134. INSIDE CITY LIMITS? Baltimore Dundalk Maryland YES | NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Millard Piper Grove V. Mary 6g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 6814 Roberts Ave NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-26-9818 DeLois C. Piper Balto. MD 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per ling for (a), (b) and (c). PART I. DEATH WAS CAUSED BY minute IMMEDIATE CAUSE to DUE TO, OBAS & CONSEQUENCE OF cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 196 CONDITION FOR MHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? N CERTIFYING CAUSES OF DEATH? NOTE YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 226 I certify that (1) (this haspital) attended the deceased from on death accurred on the date and have and from the abave, (HTDve) (did) (did nat) view the bady after death. DEGRE 22c. DATE, SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 724 RHESICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Paul Koukoulas, MD. 1708 Dundalk Ave., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY Bel Air, Harford, Md, Burial Bel Air Mem. Cem. 24 FUNERAL DIRECTOR **DHMH-16 25M** Duda-Ruck Funeral Home of Dundalk, Inc. (VRA 15, 4) 1/79



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 28 DATE OF DEATH 2b. HOUR L DECEASED NAME September 3, Fliza (TYPE OR PRINT) Leone IF UNDER 24 HRS IF UNDER I YEAR 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE YEAR DAYS HOURS White 1901 remale BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore ! Alabama WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY ocial Baltimore Washburn Avenue Lerk USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREEJ ADDRESS 13g. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 410 Washburn Avenue Baltimore YES IX NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Annold MIDDLE FIRST umi ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Same as #1 Onex Shannon no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 20a. AUTOPSY? 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PA 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (out) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ abave, (I) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 226 SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN July be a with the Stor 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRIN KEISTER 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 23a BURIAL CREMATION, REMOVAL tchie Hwu. emetery 24 FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74 tuneral flome



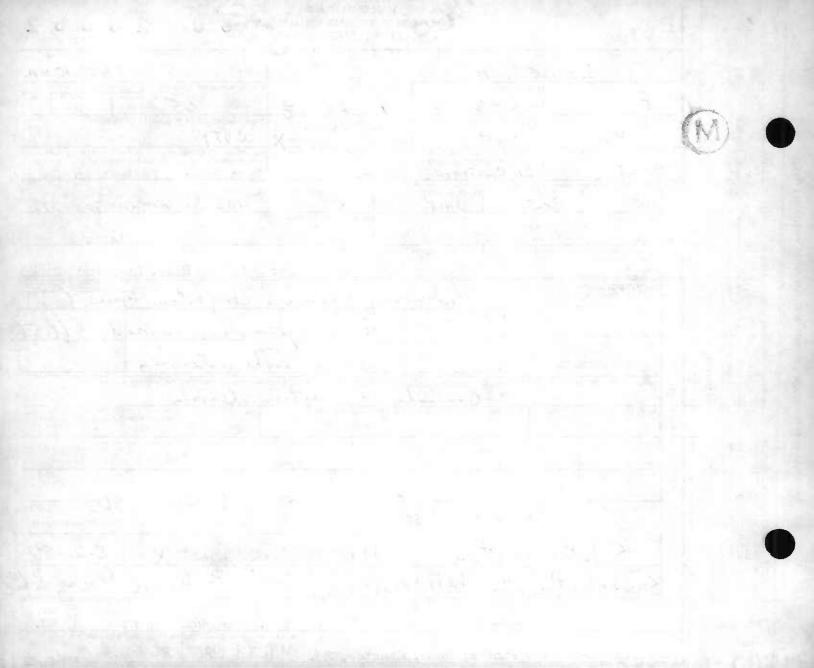
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aw re daw re prior prior prior	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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276. SIGNATURE 276. SIGNATURE 276. SIGNATURE 276. SIGNATURE 276. PATRIMONAL DEGREE M.D. ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT) 276. BURIAL, CREMATION, REMOVAL 236. DATE 276. BURIAL SIGNATURE 2776. PHYSICIAN'S NAME (TYPE OF PRINT) 2776. PHYSICIAN'S NAME (Head Head		220.1 certify that (1) (this hasp	ital) attended the deceased	(20)	. 19	, to	, mar (i) (we)	
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24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR'S S. REGISTRAR'S S. SIGNATURE	120	/BP	,		8-24-80	Wesley	Chapelal Ce			
	10	DUMU 16 2514	24 F							
(VRA 15, 4) 1/79 Helfenbein-Hubbard Funeral Home, Chester, Md. AUG 28 1980			F				ster. Md. 4U	G 28 1980	This pay Malbert	



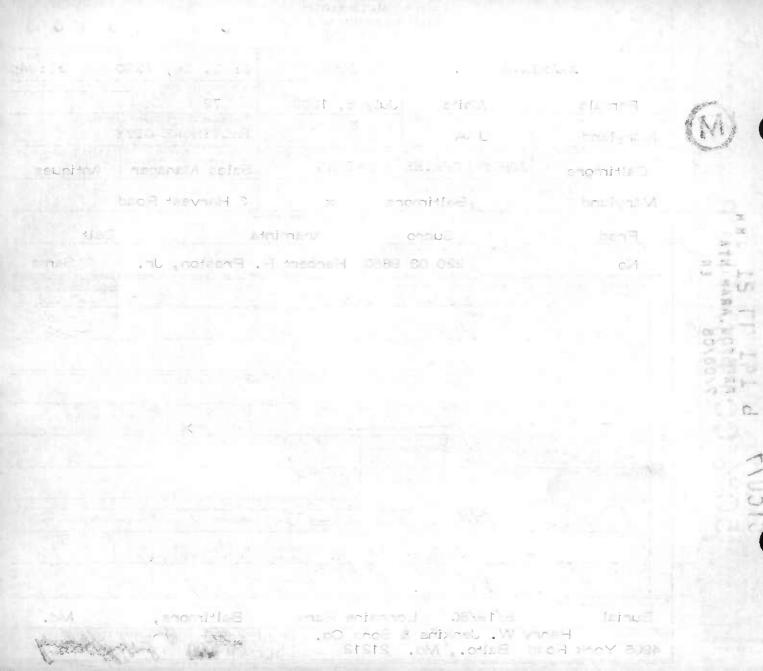
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11		. 1	OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	73 4 77
4			STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 6 3
	1		EASED NAME FIRST	REG. NO.	DAY YEAR 2b. HOUR
- W			OR PRINT)	OF ESTI- A	Zu. HOOK
			Sterli		2919 80 M
I DATE HE	.3	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d. HOUR
ZSA	8.7	1	Male Black	Oct 18 1944 35 YRS. DEAD 9	29 19 80 D M
SSA Y THE STORY	7	BIF	THPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
NECESSA FUNERAL 5 FOR Y 5, WITHIN	57	FOR	EIGN COUNTRY)	WIDOWED DIVORCED Baltimore City	
7 10 10		0 CII	Y OR TOWN OF DEATH		kind of Business
AY IS PAGE AGE FILED, 301 W	34			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
	//		Baltimore /	Provident Hospital Trucker	
- A A G	201	JSUA 3a. ST		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 13c CITY OR TOWN " 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS /	
21201 IF ANY 2, AND 3. RETA SHOULE	25		md A.A		
53.3	6/1	4 FA	THER'S NAME	15, MOTHER'S MAIDEN NAME	
A FESSON	121	0	Texture V	MIDDLE PLAST TOTE TO MAY LOWISE ID	LAST
RW RW OF OF	7	An W		ED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS A	NE Y
AFTER AFTER IVE PA IH FOR ISION	2	(YE	S, NO, OR UNKNOWN) (IF YES, GIVE W		The man
F 4≥±05	0		NO	216-40-1744 NOSLYN MIJORRY / KIRTY	LANC
; 500 F.			18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST., V 24 HOL I ITEM 18 ALONG PERMIT.				CAUSE (a) Acute Narcotism	
	-		3049	DUE TO, OR AS A CONSEQUENCE OF	
REST ITHIN IE IN IER A NSIT	> Y		Canditians, if any, which		
ED WI PENCI CAMIN VL-TRAI	EW	П	gave rise to immediate cause (a) stating the under-	(b)	
301 W. PRESTON ST CUTED WITHIN 24 HG IN PENCIL IN 11EM 1 I. EKAMINER ALONG JRIAL-TRANSIT PERMI D MENTAL HYGIENE,	OR REMOVA		lying cause last.	DOE TO, ON NO N CONSEQUENCE OF	
2 2 2 3				(c)	
DIVISION OF VITAL RECORDS, CERTIFICATE SHOULD BE EXE! RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICALE 3 SHOULD BE USED AS A BIE E DEPARTAKINT OF HEATTH AND		-	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECOR	¥ ×	CERTIFICATION			
SHOULD SHOULD ORD "PER CHIEF A IE USED	8	CAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
N OF VITAL! ICATE SHOUTHE WORD "ITHE WORD "ITHE CHIEF	J. A.	TIFI			YES TO NO
WOR WE CHE CHE CHE CHE CHE CHE CHE CHE CHE CH	BURIAL	OC III	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	2)
NO NO TANK	03	ALC	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
VISIO VISIO ING T ED T 3 SH OEPAR	è C	MEDICAL	CONTRIBUTING CAUSE OF D	EATH P.M. 19 21e PLACE OF INJURY (ATHOME. 211, LOCATION	
DIVISION OF VII HIS CERTIFICATE SI WRITING THE WOR ARRDED TO THE AGE SAHOULD SA	PRIOR	ME	WHILE NOT WHILE D	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	TY STATE
# \$ 4 0 P	21201		AT WORK AT WORK		
IER: THE ATE, NOTE, NOTE, NOTE, NOTE, NOTE, NOTE, NOTE, PARE STA	213		22a. I certify that I took charge	of the remains described above, held an Autapsy XX Inspection . Inquiry . and in my apin	ian
EXAMINER: CERTIFICATE ULD BE FOR WITH THE S	2		- 0	Accident Sucide Homicide Undetermined manner	
AAM SEC	YLA		death resulted frami	The state of the s	
EXAMINER: CERTIFICATE OULD BE FORE DIRECTOR:	AAR		ACTUAL .	TITLE (SPECIFY) DON'TY Chief DATE	9/30/80
MEDICAL E ECUTE THE GE 4 SHOU FUNERAL I	, m		SIGNATURE	Deputy Chiefmedical Examiner Date SIGNED.	9/30/00_
EDIO NEN DE.	0 1	-	EXAMINER'S NAME TO	D 0	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SE	50		(TYPE OR PRINT) INON	nas D. Smith, M.D. ADDRESS 111 Penn St. Balto., M	υ.
EXE PAG TO AFT	B A	230.BL	IRIAL, CREMATION, REMOVAL 23	DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	STATE
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DHMH - 17		24. Ft	NERAL DIRECTOR	ADDRESS ANN POLICE 250. DATE RENDEN REGISTRAR 256, REGIST	MATUE
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15M 7/76	-	<u> </u>	O,ITICIS	122,000	

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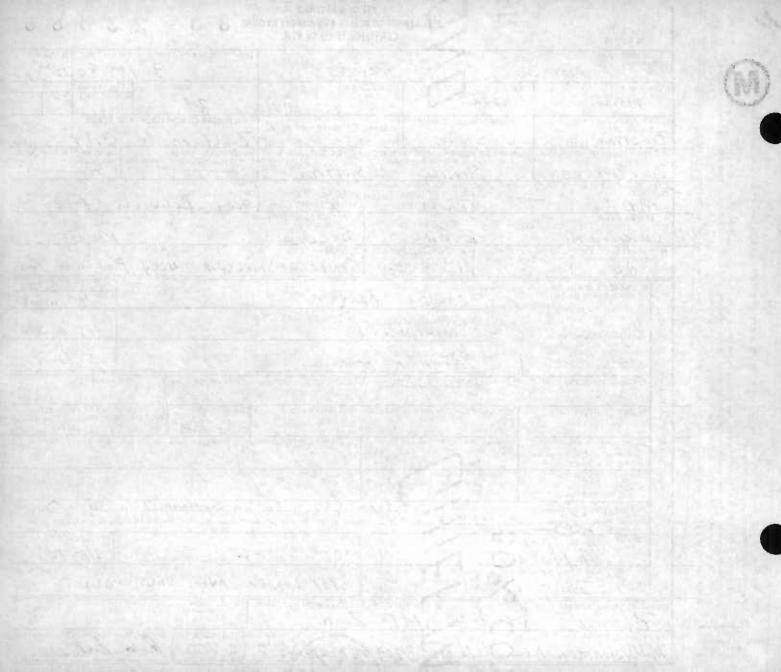
10	1.	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL	HYGIENE	3 0 REG. N	2	3 0	6 4
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Hours Par		RTHPLACE (STATE OR F	OREIGN	Th. CITIZEN OF	WHAT COUN	TRY?	NEVER MARRIED	7 BALT	IMORE CITY		OF DEATH	
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ithing the		ITY OR TOWN OF DE	ATH	II. NAME OF			R OTHER INSTITUTION	12e US	UAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
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		VAS DECEASED EVER	IN U.S. ARA		146 SOCIAL	ECURITY NO.	17 INFORMANT		ADDR	ESS		
imon in and hages	1	res, no or unknown)	(IF YES, GIVE	WAR OR DATES	214 0	3 6594	Paul G.	Pratt		Balto	. , Md.	
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201 quire quire plea plea puriz		PART 2 OTHER SIGN	MIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DIS	SEASE OR CON	IDITION GIV	N IN PART 10	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law rec strending physician. After this certificate has been sis s the burial-transit permit. Then ith and Mental Hygiene prior to i marked or Item 18 shows any ir	No											
s bee	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OPERATION	N WAS PERFORMED	200	AUTOPSY?		WERE FINDIN	
The tehas show show	Ĕ							YES	MON [4	YING CAUSES	OF DEATH?
JIAN: TE SIAN: TE SIA	8	21a. ACCIDENT WAS UNI	DERLYING	216 TIME C		40000	21c HOW INJURY OC				t-ad	
SIC hysic hysic certification of the side		OR CONTRIBUTING			M. MONTH M.	DAY YEAR						
PHY ng ph	MEDICAL	214. INJURY OCCUR		21e PLACE	OF INJURY	19	21f LOCATION		1000	100		
VISP ING endi endi the b	¥	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.	STREET		CITY OR TO	NN /	COUNTY	STATE
R: A salth is m		22a I certify that (I)		ali attended th	a deceased to	om C (1)	1017	5/2 10	- 4	110	1080	that (I) feet last
CTO CTO		sow the Sereos	ed alive on_	-11	10	13/1	d that in (my) (our) opi	nian death oc	curred on the d	ate and have	and from the	causes stated
IRE d fo	1	27b. 5IGNASLIEF	did ridid not	view the body	after death.	0 1	DEGREE				721. DATE	SIGNED
ALC Dache e De De		~	1/	USH	-1		ATTENDIN	NG MEDI	CAL STA	FF	9/	39 Kg
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TO HOSP retained b		Louis J		att, Jr			0702/	Her	xwy	21/	alling	10/00
1,111	730. (Burial, CREMATION,	REMOVAL	10/1/			edeemer	ORY 23d.	iocat Galtimoi	00	COUNTY	STATE
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DHMH-16 25M	74 F	UNERAL DIRECTOR	enry	VV. Je	ENKINS	a sons	250.	DATE REC'D.	BY REGISTRAR	ZSI. KEGIKO	A S S IGNA	Creedy
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Village Speries 1916 Baltimons gl682 common vorus Verus Homemaker Cown Home Bultimore X Association in T. Mann Dona 214 09 6594 Paul G. Pristt Balto., Md. Burnal 16/1/36 Holy Redserrer Baltimore, Muryland - Henry W. Jankins & Sons Co. 4905 York Road Balto., Md. 21212 4 4570 3 1 1061 3

K	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0	2 3	0 6 5
10		EASED NAME FIRST		MIDDLE		AST	REG. N 2a. DATE OF DEATH		YEAR 26 HOUR
1 10	(TYPE	ARAM	INTA	S.	PR	eston	SEPT. 16	, 1980	11:04p
8 9	3. SEX		4. RACE	10.00	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R I YEAR IF UNDER 24 HRS.
		Female	W	'hite	July	6, 1908 FAR	72	YRS	DAYS HOURS MIN.
(M)	0	THPLACE (STATE OF FOREIGN DUNTRY) Maryland	76. CITIZEN OF	WHAT COUN	ITDV2	NEVER MARRIED	BALTIMORE CITY OF		ATH MD.
11 183		Y OR TOWN OF DEATH Baltimore			URSING HOME C	PITAL	12a USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Sales Mai	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY Antiques
and the second	13a. S	LRESIDENCE (IF NURSING HOME TATE 136 CO		13c. CITY OR	BEFORE ADMISSION) TOWN MORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3 Harves	t Road	
\$ C -1	14. FA	THER'S NAME	WIDDIE	LAS	ī	15. MOTHER'S MAIDEN NA	AME		LAST
音の観り		Fred		Suc	ro	Aramin	ta		elt
= /		AS DECEASED EVER IN U.S. AS DECEASED EVER IN U.S. AS TO OR UNKNOWN) (16 YES, C	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO. 03 9860	Herbert R	Preston,		Same
(Bose manufacture)		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	RASACONS RASACONS	SEQUENCE OF	SCLEROSI	IC ANEU		6 YIZS
hos been 19 permit. Then pene prior report	CERTIFICATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE TER/	200 AUTOPSY? YES NO	20b. IF YES, WERE	PART 1(a: E FINDINGS USED CAUSES OF DEATH? NO
entificate of transitions and Hyginal		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN			DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
s the bur s ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	own co	UNIY STATE
A DIRECTOR: All electrical for use a recorded for use a recorded for use a recorded for the property of the pr		220.1 certify that (1) this has sow the deceased plive above, (New (did) (and			19. 80%, or	nd that in (my) (aur) opiniar DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	tom the causes stated
o FUNERA hould be d		THE PHYSICIAN'S NAME (THE	LIN	6	1	22e ADDRESS	5 HOPI	VINS	1/10
P	É	JRIAL, CREMATION, REMOVA	9/19		Lorra	emetery or crematory ine Park	23d LOCATION Baltimor	e, coun	Md. STATE
16 30M 2/80 RA 15, 4)	24 FU 49	NERAL DIRECTOR Hen 905 York Roa	ry W	Jenkin	s & Sor		TE REC'D. BY REGISTRAR	256 RECHSTRAR'S	selecty



	1				STAT	E OF MARYLAND				
	lı.	FOR STATE		DEPARTA		EALTH AND MENTAL HY	GIENE 8	2 3	j U Ó	6
	Ľ	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o.		
		CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	_	-	IOUR
60		ANTOI	NE		PR	ICE		9 15	80 12	AM
	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNI		DER 24 HRS
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9	70 B	RTHPLACE , STATE OR FOREIGN OUNTRY	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
\$35	13	OLLIMORE	U. S	. 4	WIDOWE		Baltim	ORE (7,14	MD.
-	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		26. KIND OF BUS	INESS OR
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m us		MO		Balte		YES NO	13	LUIEU	AVE	
- Joe	14. F.	ATHER'S NAME				15. MOTHER'S MAIDEN NA	AME	111111		
300	L	NKNOWN	MIDDLE	EVANC		54/11/A	MIDDLE	1	PRICE	
	16a \	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	,	
medico	((IF YES, GIV	E WAR OR DATES	213-78-5	1000	GERTRUBE ,	Nelson 4	1004 BO	LUIEU	AVE
0	F	18. CAUSE OF DEATH (Enter of	nly one couse ner						APPROXIMATE II	NTERVAL
noval.		PART I. DEATH WAS CAUSE	D BY-	CAPILIAL		RREST				neintes
ince a		1/G 6	TE CAUSE (o)							
ou, o		Conditions, if ony, which	DUE 10, O	R AS A CONSEQUE)		THE CO.	45 m	inestes
r tro		gave rise to immediate couse (a), stating the	(6)						,	
othe		underlying couse lost.	DUE TO, O	RAS A CONSEQUE		TTACK			5 hr	w.
0,	1.17	PART 2 OTHER SIGNIFICANT	CONDITIONS CO				MINAL DISEASE OR CON	DITION GIVEN IN	PART I/o	
ulin)	NO NO		14-23							
ony	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDINGS U	SED
Shows S	F		1000				YES NOT	YES [CAUSES OF DI	EAIH?
18 sh	E	210. ACCIDENT WAS UNDERLYING	21b. TIME O		VE AD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I C	OR PART 2]	
8	¥	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA	YEAR					
or He	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	GIPV 08 20V		OUNTY	
ked	Z	WHILE AT WORK AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIRCEI	CITY OR TOV		DUNIT	STATE
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21 is		saw the deceased alive or obove (I) (I) (I) (II)	Les vint	15 19	8000	nd that in (my) (our) opinion	death occurred on the de	ate and hour and	from the couse	s stoted
ept.		22b. SIGNATURE	/ /	oner dedin.	- > 10	DEGREE			22c. DATE SIGN	ED
		11/h x 1.13	tues			M ATTENDING	MEDICAL STAI	IAN []	9/15/80	0
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with the Stol		JOHN H.	STRAI	N		5/01 LANI	EN ME.	PAUT, M	DULLI	7.57
× ×	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	230.	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			*****
		BURIAL	9-19-	-80 M	17	Z10H	CITY OR TOWN	COUN	ATY	STATE
OM 7/77	24 F	UNERAL DIRECTOR		/			TE REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATURE	
5(4))	N	CCRIMMON 7	WERAL	HOME 2	707	W NURTHARFI	1 6 1980	History.	Melus	la



		1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	0	. NO.	2 3	0 6 7
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N OF VI	palyaici martinam Mental H	MEDICAL CI	OR CONTRIBUTING [(IF EITHER, NOTIFY MED 216. INJURY OCCU	CAUSE OF DEA	ATH HOUR A	A.M. MONTH P.M. OF INJURY	DAY YEAR	ZII LOCATION	KRED (ENIERNATURE OF	INJURY IN ITEM	IS, PART T OR PART 2	
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Leonard J Ruck Inc. Baltimore, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

NAME

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79

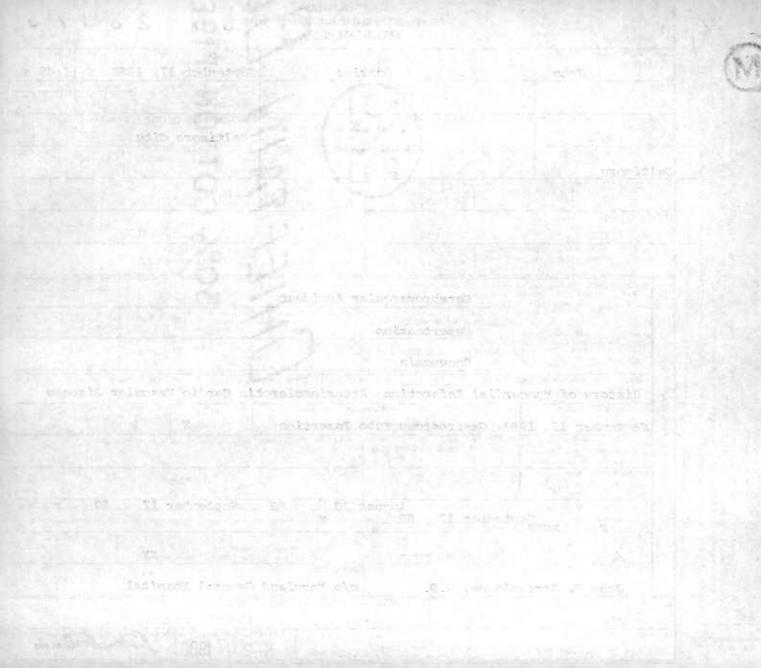
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	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPARTA	LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	23072
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page er deat	3 SE		4 RACE	5 DATE OF BIRTH	& AGE IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
s after	1	tenah.	Black	6 20 59	21	MONTHS DAYS HOURS MIN
72 hour		OUNTRY)	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	0 110	R COUNTY OF DEATH
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATE	G MD.
3		Ralto,	Provident	HOSP	(TYPE OF WORK FOR MOST O	
De fi	13e	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	
		Ma	Batto	YES NO	3337	Swynn Falls PKWI
2 sho	14. F.	ATHER'S NAME	ADDLE LAST	15 MOTHER'S MAIDEN NAM	ME	LAST A
300		Willie.	T. Purnell	stulia	L	Harring
- 6 /		WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	
the m		YES, NO OR UNKNOWN) I# YES, GIVE	WAR OR DATES)	9331 dulia L.	Arnoll .	3337 Guilling Fills
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cremati or other		couse (a), stating The underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
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to bu	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
- a o -	CERTIFICATION					
shows	N	194 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Hygiene m 18 shor	ַוּ				YES NO	YES NO
HA	Ð	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
Mental H	3	OR CONTRIBUTING CAUSE OF DEAT (# EITHER, NOT#Y MEDICAL EXAMINER)	P.M.	19		
and Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOV	N COUNTY STATE
marked	×	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, F	IRM, ETC.)	CITY ON TOW	COUNTY STATE
is .s		220.1 certify that Withis hospit	nl) attended the deceased from	9-30 10 80	10 9-	30 19 50 that (we) lost
2 E		sow the deceased alive on.	9 - 30 10	So and that in (my) (our) opinion of	death occurred on the de	are and hour and from the couses stated
Dept. o		22b. SIGNATURE	view the body after death.	DEGREE		
		110	Land	M. S ATTENDING	MEDICAL STAI	221. DATE SIGNED
State		Houna	08707	PHYSICIAN [DIRECTOR PHYSIC	IAND 1 7. 30.81
With the Simple		224. PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	1 1-	11-00-61
with the State		H. De	vadoss	Provio	dent	HOSPIPOU.
₹ ≥ 1	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
10 To 7		Burial	10/4/80 Ki	ng Mem. Park	Beltimor	e Co., Md.
	24. F	UNERAL DIRECTOR		25e. DATE		IS TE GISTRAR'S RIGHATURE
16 25M i. 4) 1/79		Wm C March F/H	1101 E. N	orth Ave. NCT	2 1980	Trophy Matrody

Fraudout Hay Easter BOHD. 3837 CHUNAN FAILS PRUY 64 Willie T. Friend States to Harris part 1216-72-938 Julia L. Parcell 3337 Buyun Falls

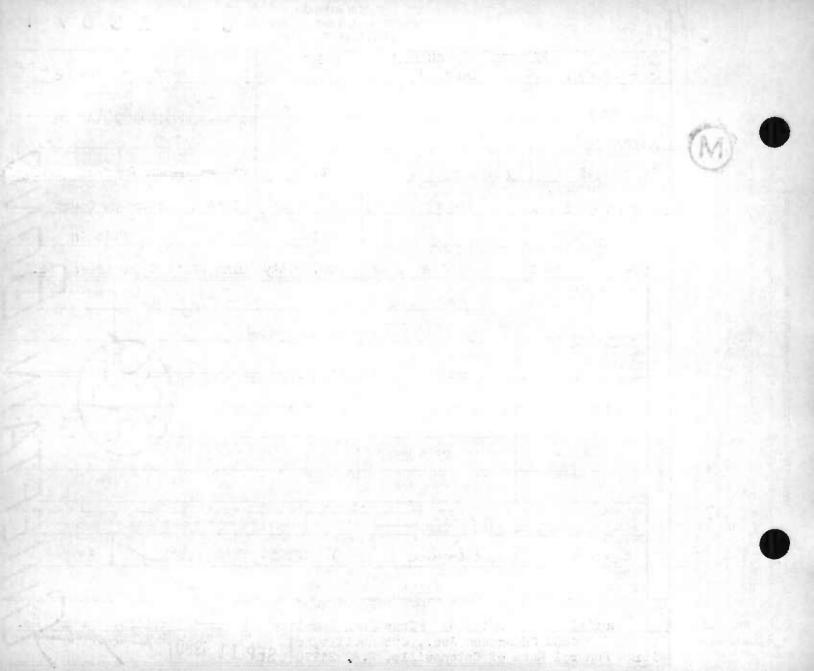
W. H.	1	FOR = STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND TEALTH AND MENTA TICATE OF DEATH	L HYGIENE 8	0 2 REG. NO.	3 0	7 3
		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF	F DEATH MONTH	DAY YEAR	26 HOUR
		John		W.	Qua	rles	Septe	mber 17, 19	980	4:45 am
	3. SE	X	4 RACE	Service Land	5. DATE			YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
as of or of o		M	I	В	9	9 20	60	YRS.	MONTHS BATS	HOURS MIN.
ol direce.		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	/? 8.	NEVER MARRIE	9 BALTIMO	RE CITY OR COUNTY	OF DEATH	
Z or Z		Md.	US	SA	WIDOW			imore City		MD
by the fried with	Ba	ITY OR TOWN OF DEATH Itimore	UF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTIO		OCCUPATION IX FOR MOST OF WORKING LIF		OF BUSINESS OR
filled in rould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION	136 CITY OR TO Balto.	ORE ADMISSION)	13d INSIDE CITY LIM YES A NO	15? 13e STREET 2013	ADDRESS Etting St.		
RYL.	14. F.	ATHER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDE	NNAME	445045		
AAM be along 3000		Walter	MIDDIC.	Quarles		Nettie		Johns Johns	son	1-1
od co		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS		
IMOI Poge ex			II	212-14-	-1145	Christine	e Rice 2	2013 Etting	st.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212C ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or aftending physician and completely filled in bother this certificate has been signed by the ottending physician and completely filled in bother buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumotic event, the medical examiner must be not a feet of the properties.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT History of Miles of the couse (b), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT History of Miles of the couple of t	DUE TO, O DUE TO, O (c) CONDITIONS CI JOCARDIA COND 1980 G. 216. TIME CO	Cerebro OR AS A CONSEQ Hyperte OR AS A CONSEQ Pneumon ONTRIBUTING TO 1 Infarc OITION FOR WHICE astrosto OF INJURY	UENCE OF nsion UENCE OF ia DEATH BUT tion; HOPERATION TUBE	Arterioscl N WAS PERFORMED e Insertio	TERMINAL DISEAS erotic Ca. 200 AUTC YES	rdio Vascui	EN IN PART 110 Lar Dise N, WERE FINDIN YING CAUSES S	ease NGS USED
N OF VITA SICIAN: TI ng physici certificate uriol-transit tental Hygis iftem 18 sh		OR CONTRIBUTING CAUSE OF DI	ALB	.M. MONTH .M.	DAY YEAR					
DING PHYSICIAN: or after this certificate, e.e. os the Buriol-trox of the After this certification in the After this certification of the After this certification of the After this after	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REE1, FACTORY, OFFICE		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TEND of the of t		220 I certify that \$5 (this has saw the deceased alive a abave, \$6 (we) (did) (\$6.50)	Septemb	er 17 19	80 , or	nd that in (n∰) (our) op	80 , toSep inion death accurre	tember 17 d on the date and hou	r ond from the o	couses stated
TAL OR by the h RAL DIR detoche tote Dep		John R. B	arghole	mew			NG MEDICAL AN DIRECTOR	STAFF PHYSICIAN KX	22c. DATE	SIGNED
TO HOSPITAL OR AT: retoined by the hospitor TO FUNERAL DIRECT should be detached to with the State Dept. o		John R. Ba		w, M.D.		c/o Maryl	and Gener	al Hospital	1	TRIE T
₽ ₽ ₽ ₩ 3 €	230.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 9/22/8			emetery or crematem. Pk.	ORY 23d. LOCA	ation ortown imore Co.,	COUNTY Md.	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Wm C March F/		1101 E.		25	SEP17	1980 PEGISTRAR 25b. REGISTRAR	RAR'S SIGNATI	Budy

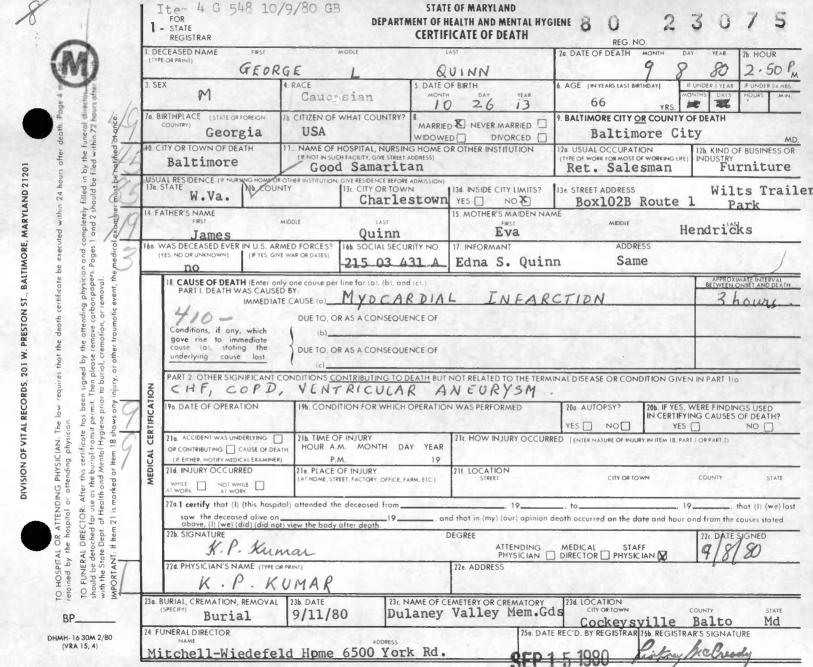


Witzke Funeral Home of Catonsville, P.A. 21228

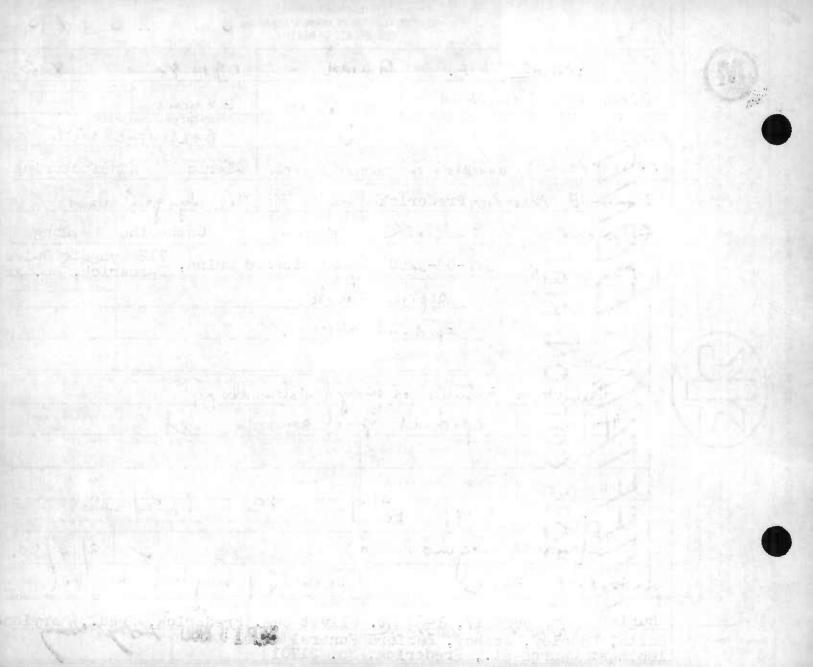
FOR

(VRA 15, 4)





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Leonard J Ruck Inc. Baltimore, Maryland

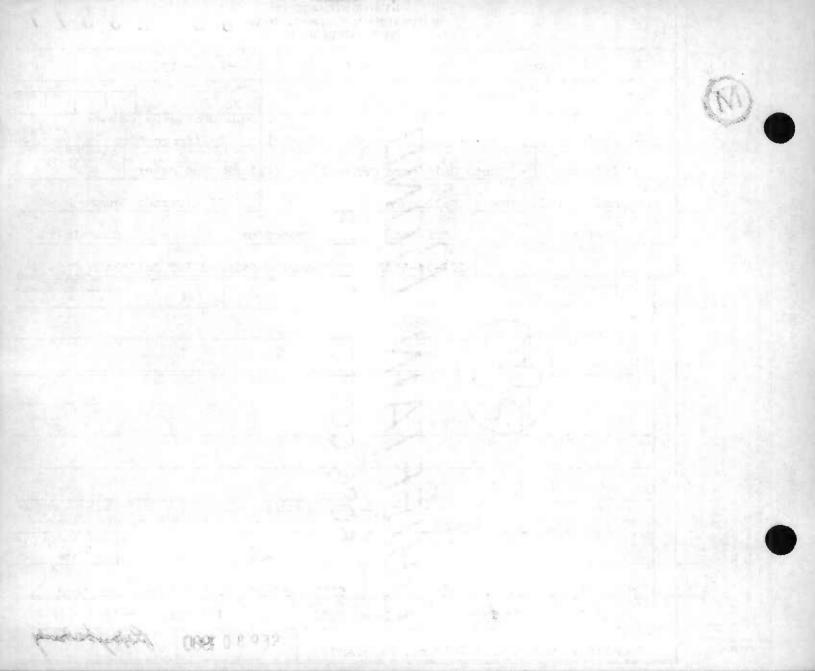
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

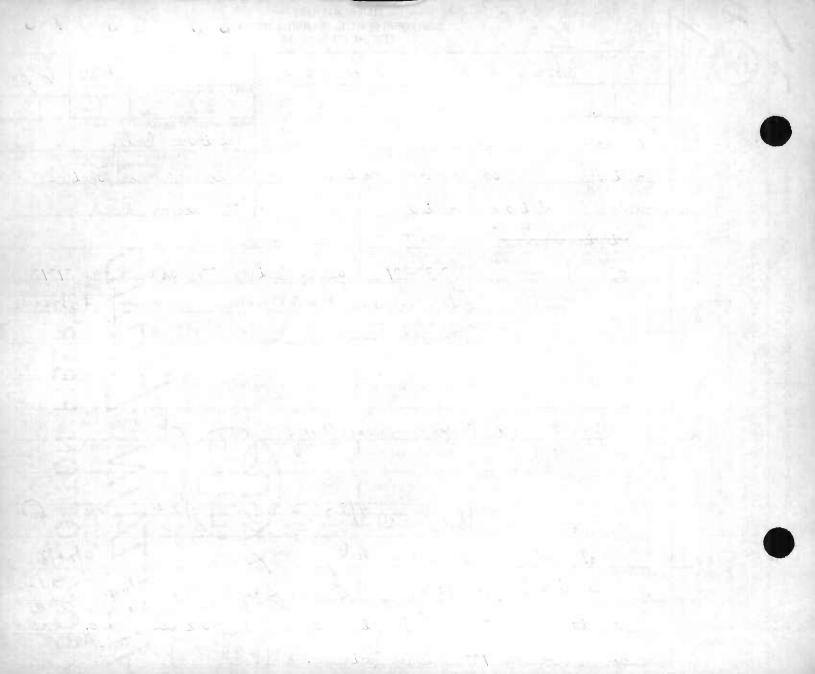
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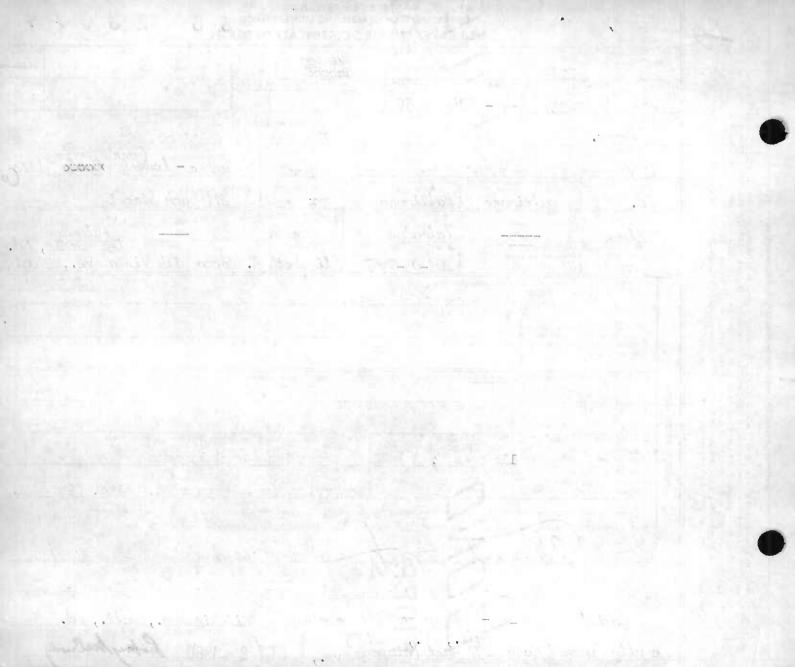
(VRA 15.4)

REGISTRAR



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tor, page	3. SE.	=	1 RACE Cancase un	S. DATE OF BIRTH MONTHY 12 28	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
leoth. Pogineral direction 72 hours	C	emale RTHPLACE ISTATE OR FOREIGN DUNTRY) Minnesota	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED XX	9 BALTIMORE CITY OR C	OUNTY OF DEATH
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ecuted wi	16a V	William Whee	Wheeler RMED FORCES? 166 SOCIAL SECU	Helen Harp	Per ADDRESS	LASY
ysician an apers. Pog wol.		no	E WAR OR DATES) 473-32-4	214 Jose S. Rami	*	ebank Ave. 21212 BAPPROXIMATE INTERVAL BETWEEN ONE T AND DEATH
201 W. PRESTON SI., BALLIMORE, MAKYLAND 2120 es that the death certificate be executed within 24 hours ned by the attending physician and completely filled in by please remove carbon papers. Pages 1 and 2 should be file ural, cremation, or removal. y, or ather traumatic event, the medical examines must be in		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	lension	8	78heur
na. hos been signer permit. Then pl sne prior to burry, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION		OPERATION WAS PERFORMED CACHUTOMY	20g AUTOPSY? 2	ON GIVEN IN PART 1(0) D. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{TO} \)
NG PHYSICIAN: The law require attending physicion. After this certificate bosen signs the buriof transit permit. Then the and Mental Hygiene prior to be acked or them 18 shaws any injury acked or them 18 shaws any injury	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	216. HOW INJUR OCCUR	RED (ENTER NATURE OF INJURY IN	
in attending After this co to so the burn lith and Me	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC.] 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
at OR ATTEND the hospitol of at DIRECTOR: seroched for use the Dept. of Heem 21 is n		22a.1 certify that (I) (this haspi sow the dies and live on above, I (was dies) did no 77h SIGNATURE	ital) ottended the deceased from I view the body after death. ail Ailam	DEGREE	deoth occurred on the dote	ond hour and from the causes stated 22c DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deto with the State!		22d. PHYSICIAN'S NAME (TYPE O S. GAI	1 Wilson	27e AFDRESS	amaritan	Huyetal 2123
7/2-BP	L	URIAL, CREMATION, REMOVAL SPECIEX) Cremation UNERAL DIRECTOR		PAME OF CEMETERY OF CREMATORY <u>ecurity Process</u> 1250 DA	23d. LOCATION 3 CITY OR TOWN 4 Catonsvil	
DHMH - 16 50M 1/76 (VR A 15 (4))	4	NAME	ADDRESS	Carina DJ CE	0.0 4000	Maring Milliany





				TE OF MARYLAND		
	1-	FOR STATE		HEALTH AND MENTAL HYG	SIENE 0 2 3	3080
		REGISTRAR		ER'S CERTIFICATE OF I	DEATH REG. NO.	
		CEASED NAME FIRST (E OR PRINT)	WIDDIE	LAST	OF ESTI-	
조용 박 전 보		EMMA	D.	RANDALL	DEATH MATED 1 9	15 19 80 M
된 모두 모든	3. SE	4 RACE	5. DATE OF BIRTH 6. AGE (IN YE LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER 24 I		15.917
O SA	-	emale negro	1/2/	RS.	DEAD 9	16 1900 a M
が変異性語っく		RTHPLACE (STATE OR DEGIN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
新型	1	ARVIAnd	U.J. H.	WIDOWED DIVORCED	□ Baltimore City	TV(L).
SEGE	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		OUSUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
1000		Baltimore	201 E. Lanvale St		Housewife	
2000	130,5	AL RESIDENCE (IF IN NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI		s STREET ADDRESS	
EN MASO	1	ARYLAND	Baltimon	PE YES INO [414 E. FEDERAL	Street
	14 F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	P LAST /
MORE, TER DEA PAGES FORM PINO NN OF V				MARY		KAndall
BALTIMORE, IRS AFTER DE GIVE PAGE WITH FORM WITH FORM DIVISION OF	16a. \	VAS DECEASED EVER IN U.S. AR.	MED FORCES? WAR OR DATES) 16b. SOCIAL SECURIT	YNO. IT INFORMANT	ADDRESS	-1.0
, BALTIMO OURS AFTER 8. GIVE PA WITH FOR		10	216-32-9	1574 VlichaeltteAR	RANDAI 414 E. 1	EdeRAl Steet
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 4 2 4	174	IMMEDIA	TE CAUSE (0) Hypertensive a		cardiovascular dis	sease
ZZ Y L E Z		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE	OF		
W. PREST D WITHIN FENCIL IN AMINER A AMINER A ENTAL HY REMOVAL		gove rise to immediate	(b)			
UTED WITH IN PENCIL II EXAMINER RELITRANS ORENTAL I		couse (o) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUENCE	OF		
			(c)			
	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	IINAL OISEASE OR CONDITION GIVEN IN PART 1	(0).	
ITAL RECORD SHOULD BE ES RRD "PENDINN RD "PENDINN E USED AS OF HEALTH IAI, CREMATIK	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
MTALREG SHOULD DRD "PER CHIEF A FE USED T OF HEA	FICA	The officer of the order	The condition for which of the	ATION WASTERI ORMED:		3.0
ATE SHO THE CHILD BE US RENT OF BURIAL,	ERTI	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21r HOW INJURY OCCUPPED A	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	YES NO
PIONOF ITHE WAS TAKEN TO BURE	ALC	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	?		
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " RDED TO THE CHIE E 3 SHOULD BE USE E DEPARTMENT OF I E PEPARTMENT OF I F PRIOR TO BURRIAL, C	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 19 21e PLACE OF INJURY (ATHOME,	21f. LOCATION		
DIVI	ME	WHILE NOT WHILE E	STREET, FACTORY, FARM, EYC.)	STREET	CITY OR TOWN CO	OUNTY STATE
E-34F2				A A A SOUR AND A SOUR A SOUR AND A SOUR A SO		
			ge of the remains described above, held an	Autopsy. Inspection	Inquiry I, and in my a	pinion
EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE ARYLAND,		death resulted from: Natu	ral causes A. Accident L., Su	icide 🔲 , Hamicide 🖳 L	Indetermined manner,	
EXAM CERT CERT CERT OULD DIRE WITH		ACTUAL A	1000	Assistant	DATE	9-16-80
CAL THE SHO SHO ATH ATH		SIGNATURE	WXX XI	M.D. 2100110	MEDICAL EXAMINER SIGN	IED
MEDICAL E CUTE THE C STE A SHOU ER DEATH, I		EXAMINER'S NAME A	nn M. Dixon, M.D.	lll Pe	nn St.	
TO MEDICAL I EXECUTE THE PAGE 4 SHOU AFTER DEATH, BALTIMORE, M	73n B	(TYPE OR PRINT)URIAL, CREMATION, REMOVAL)	13b. DATE . 123c. NAME OF CE	ADDRESS	3d. LOCATION	
P = 4 = 4 = 4	19	Lain!	9/19/80 104 /	huppland	Rollimar 1	NTY STATE
120 CBP	24. F	UNERAL DIRECTOR	11.11 10 11.11.1100	250. DATE REC	D. BY RECISIRAR	restrong
DHMH - 17 (VR A15 ME (5))	41	NAME REPORTO AMOUNT	LIFT 1206-18WEST	Jacth Aug SFP 1	8 1980	/
15M 7/76	10	[. 124 A . 1 Chilling)	131.11. 1200 00 00 511	180111111111111111111111111111111111111		

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Matthews Mellel

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Frank Reyrond Ecten Florence Holdon

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Busland

213 56 9986 Edith F. Wolfe, Glen Surnie, Md.

7401 Belair Road

Lassahn Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI SAMUEL T 09/17/80 REDD 8:21a 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS BLACK MALE MONTH YEAR 11 30 31 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED XXNEVER MARRIED NEW JERSEY DIVORCED T BALTIMORE CITY WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE INDUSTRY MORTICIAN JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 3910 LOCH RAVEN YESXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE WILLIAMSON SAMUEL B. REDD CORETHA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) GIVE WAR OR DATEST KOREA GUINEVERE L. REDD 3910 LOCH RAVEN 217-26-5130 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF MJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 270.1 certify that (I) (this hospital) attended the deceased from... . 19_______. ond that in (my) (our) opinian death accurred on the date and hour and fram the couses stated saw the deceased olive on_ abave, (1) (we) (did) (did nat) view the body after death DEGREE 22c. DATE SIGNED S GNATURE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN ORTANT 22e ADDRESS

DHMH-16 30M 2/80 (VRA 15, 4)

HENRY

MR

W. PRESTON ST

24 FUNERAL DIRECTOR SAMUEL T. REDD FUN. HOME

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

HOME 5209 YORK ROAD

9-22-80

23c NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM PK.

BALTIMORE TE RECD. BY REGISTRAN

23d. LOCATION

MARYLAND STATE

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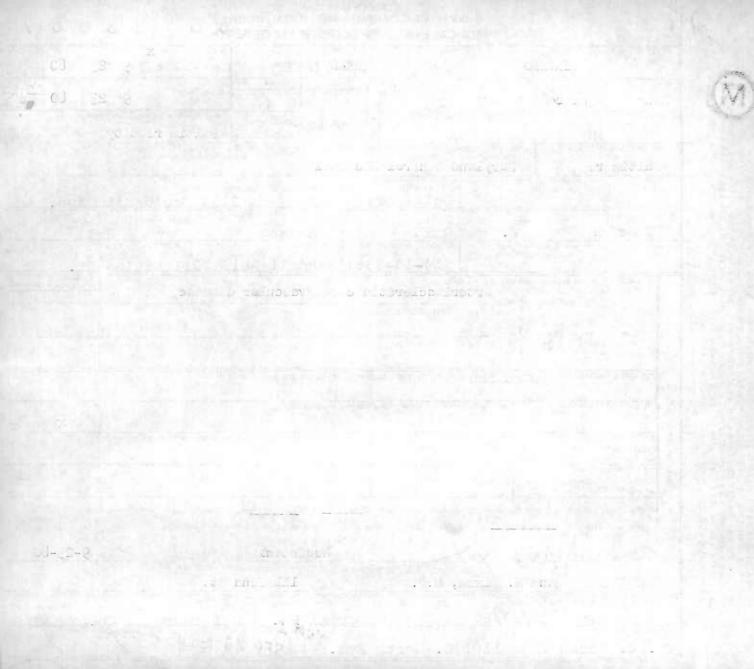
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TO HOSPITAL

Page 4 may be

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							COUNTY OF D	EATH	MD
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13a. S	TATE 1136 CC		13c CITY OR TOWN	1 13d INSIDE C	CITY LIMITS?	720 N. LI	NWOOD A	VENUE	21205
14. FA	THER'S NAME	WIDDLE	IAST	15. MOTHER		ME		LAST	
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-	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	JURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TB PART 1 C	OR PART 2)	
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY	RM, ETC.) 21f. LOCATK STREET				OUNTY	STATE
	22a I certify that (I) (this has saw the deceased alive above A) (we) (did) (A)	spitol SEPTEM	BER 27 rom _	0.0				from the c	that (t) (we) last couses stated
	226 SIGNATURE M	jers						9/2	FIGNED
	WENDY	NYER	25			AVEN BLVD 21	1010	1	T
						TAMEL DEAD	1210		
23a B	URIAL, CREMATION, REMOV SPECETY) Pial	AL 23b. DATE 9/30/8		AME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OF TOWN Staunton		NTY	STATE
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MATERIAL CATALOGUE MATERIAL CATALOGU	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) GEORG 3. SEX MALE 7a. BIRTHPLACE (STATE OR FOREIGN VIRGINIA 10 CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOMINIST STATE 13b. CCM MARYLAND 14. FATHER'S NAME FIRST SCATULE 1 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED Conditions, if only, which gove rise to immediate course (O), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. ACCIDENT WAS UNDERLYING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE ALWAND (III) (this hose obove, 11) (we) (did) 127b SIGNATURE 22d. PHYSICIAN'S NAME (IM) 22d. PHYSICIAN'S NAME (IM) 22d. PHYSICIAN'S NAME (IM) 22d. PHYSICIAN'S NAME (IM)	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) GEORGE 3. SEX MALE 7a. BIRTHPLACE (STATE OR FOREIGN VINCITIZEN OF VINCITIAN U.S. 10. CITY OR TOWN OF DEATH 11. NAME OF ITE NAME (F NOT IN SU VETERAL 13b. COUNTY MARYLAND 13. STATE 13b. COUNTY MARYLAND 14. FATHER'S NAME FIRST SCATULE 1 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) COUNTY MEDIATE CAUSE (c) COUNTY MARYLAND 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) COUNTY OF THE WAS CAUSED BY: IMMEDIATE CAUSE (d) COUNTY OF THE WAS CAUSED B	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) GEORGE WASHINGTON 3. SEX MALE 7a. BIRTHPLACE (STATE OR FOREIGN VICENTIAL) 10. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSIN (F NOT IN SOCH FACILITY ON STREET FRIST) 10. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSIN (F NOT IN SOCH FACILITY ON STREET FRIST) 125. STATE III. NAME OF HOSPITAL, NURSIN (F NOT IN SOCH FACILITY ON STREET FRIST) 136. STATE III. NAME (F NOT IN SOCH FACILITY ON STREET FRIST) 14. FATHER'S NAME FRIST 15. STATE III. NAME OF HOSPITAL, NURSIN (F NOT IN SOCH FACILITY ON STREET FRIST) 15. STATE III. NAME III. NAME OF HOSPITAL, NURSIN (F NOT IN SOCH FACILITY ON STREET FRIST) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (F YES MOSPINKNOWN) 17. FATHER'S NAME FRIST 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), one PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), one PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), one PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), one PART I. DEATH WAS CAUSED BY: 19. DUE TO, OR AS A CONSEQUE 19. CONDITION FOR WHICH (C) III. TIME OF INJURY HOUR A.M. MONTH DATE OF INJURY HOUR A.M. MONTH DAT	REGISTRAR REGISTRAR FIRST GEORGE WASHINGTON REYNOL 3. SEX MALE 76. BIRTHPLACE (STATE OR FOR FOR FOR FOR FOR FOR FOR FOR FOR	REGISTRAR DECASED PAMME GEORGE WASHINGTON REYNOLDS 3. SEX MALE 1. RACE WHITE S. DATE OF BIRTH MARRIED VINGINIA U.S.A. WIDOWED DMORCED DMORCED	REGISTRAR CERTIFICATE OF DEATH REG. NO TO DATE OF DEATH REYNOLDS 3. SEX MALE WHITE 3. DATE OF DEATH NAME OF HOSPITAL, NURSING HOME OF THE TERMINATION OF THE TERMINAL DISEASE OR COND. BEALTIMORE WHOME OF HOSPITAL, NURSING HOME OF THE THE THE TOTAL OR THE TERMINAL DISEASE OR COND. SET TO DATE OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12. STATE BALTIMORE WHITE 3. DATE OF DEATH WHOME DEATH WHOME DEATH WHO WE	REGISTRAR DECEASED NAME	REGISTRAR INCLUDED STATES DIAME INSTITUTION REPAIR GEORGE WASHINGTON REYNOLDS 9 27 80 9 27 80 3 5EX MALE 1. RACE S. DATE OF BIRTH 70 110 70 70 78. SETTING OF TOPICAL 1. ARCE S. DATE OF BIRTH 70 110 70 70 710 710 710 710 710

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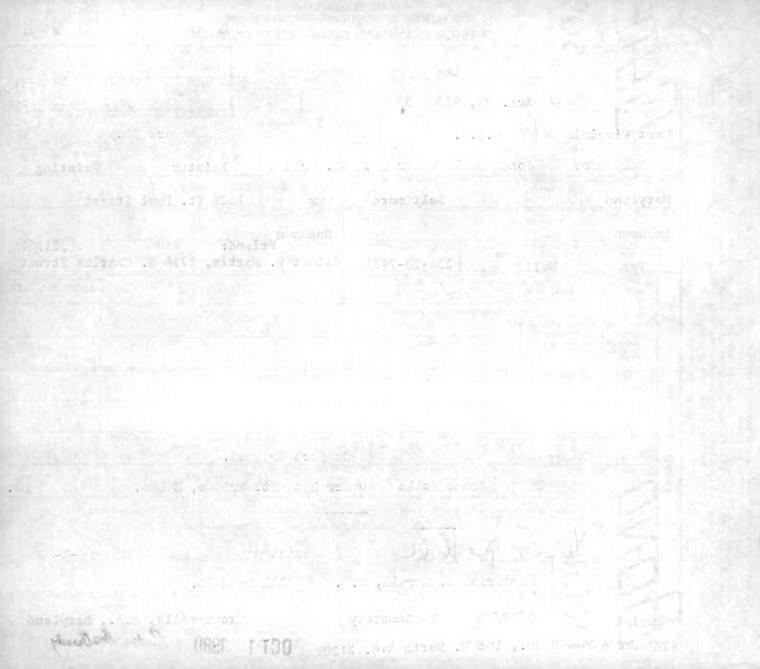
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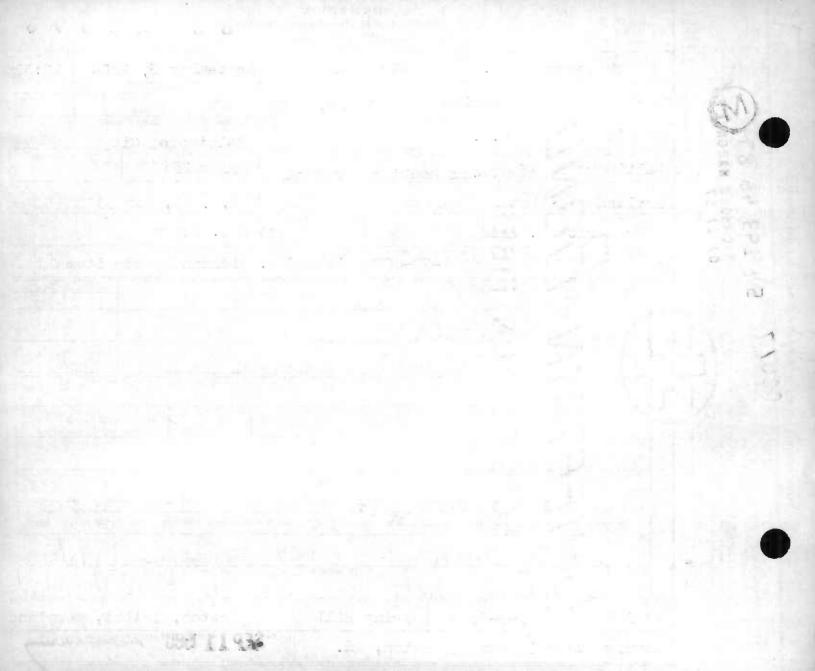
	1			STAT	E OF MARYLAND			
	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY	GIENE 8 0	2 3 0	9
death		CEASED NAME FIRST PRINT)	Helen	K. 1	Rice	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 8:30 PM
ector, page irs ofter deat	3. SE	Female	4 RACE White	5 DATE O		6 AGE (IN YEARS LAST BIRT	MONTHS DA	
in 72 hou	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	rcounty of DEATH	MD.
per /	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: Baltimore	STREET ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Assorter	F WORKING LIFE) INDUST	of RUSINESS OR RY Crown
su32	130 S	ALRESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS		
3cominer		Jacob	MIDDLE KAST		IS MOTHER'S MAIDEN N FIRST Josephi	AME		bniak
medicol		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.		ry W. Stiff	ebaugh Jr	•
event, the		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b				BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
froumptic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONS	EQUENCE OF	infarction			
orother		underlying couse last	DUE TO, OR AS A CONS		NOT BELATED TO THE TER	AND ALL DISEASE OF COM	OTTION CHIEF IN PART	
ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WERE FIN	
osmo	TIFIC	The Barre of Organical			· · · · · · · · · · · · · · · · · · ·	YES NO	IN CERTIFYING CAUS	SES OF DEATH?
ltem 18 st		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (at home, street, factory, of	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
of Heolth ond		220.1 certify that (I) this hose sow the deceased alive or abave, (I) (we) (did) (did no	23		nd that in (my) (our) opinion	to 50 9+	te and haur and from t	_, that (1) we)lost the causes stated
ote Dept		226 SIGNATURE Swa	Rieso Re	me	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	1/11/FU
with the State		5 usan F	RIGGS RUN	-	Baltimor	e City t	tuspitals	
s <u><</u>	23a. E	BURIAL, CREMATION, REMOVAL SPECIFYI Burial	9/15/1980	0	Rosary	23d. LOCATION CITY OR TOWN	Balto	STATE Md
1/75		JNERAL DIRECTOR Duda-		11017		ATE REC'D, BY REGISTRAR		
		7022 Wice AT			21222 SF	D 1 6 1000	R.L. L.	0 1

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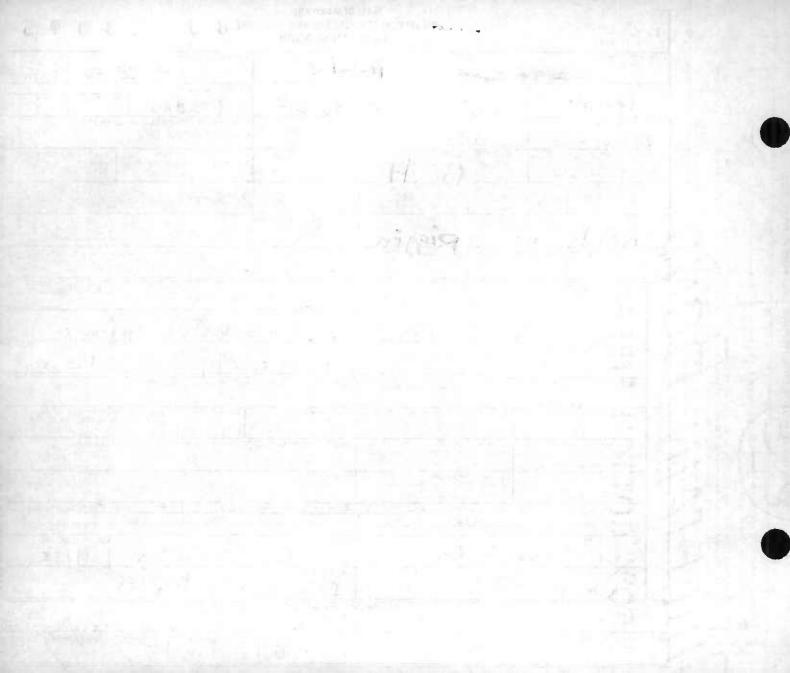


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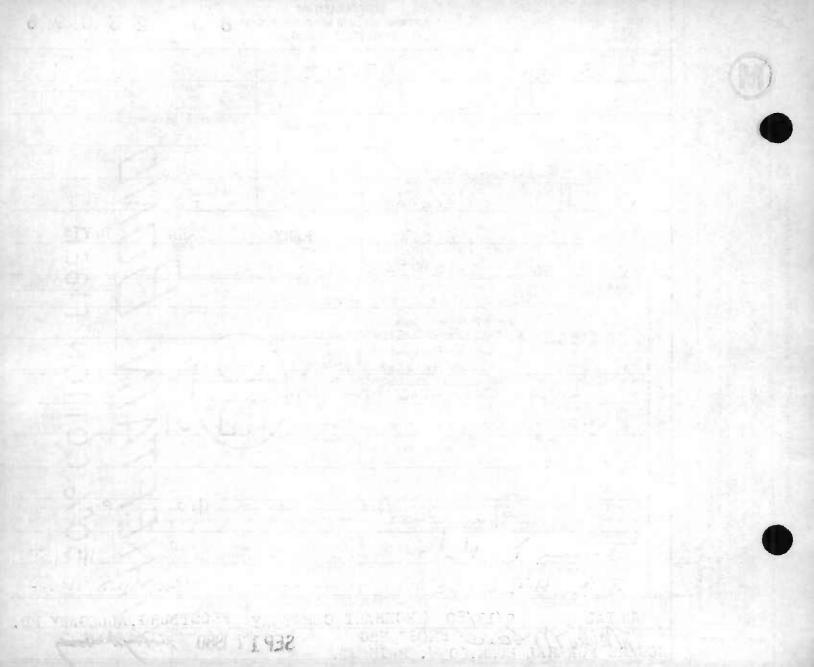
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120	e
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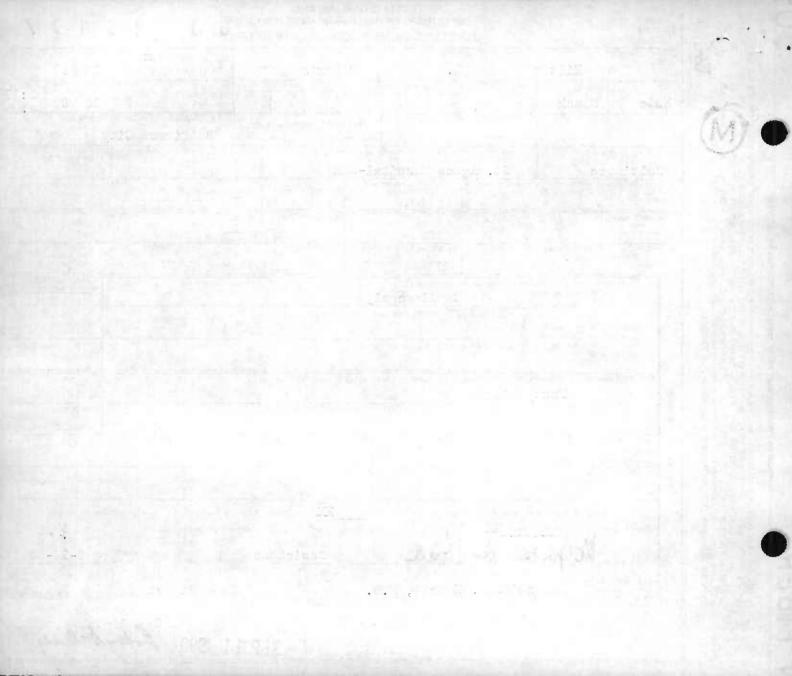
FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 0	2 3 0 9 5
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	20012
	MIDDLE	O LAST	20 DATE OF DEATH MONTO	DAY YEAR 26 HOUR
Summer,		RIGGIN	9	28 80 TAM
- N -	RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR 1F UNDER 24 HR
10	W	9 26 80		YRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		
MARYLAND	11.2.	WIDOWED DIVORCED		ity
SALTIMOVE)	ME NOT IN SUCH EACH TY, GIVE STREET	ALURESS)		(INDUSTRY NONE
STATE LAND WICO	THER INSTITUTION, GIVE RESIDENCE BEFORE MICO SALISOU	13d INSIDE CITY LIMITS?	Schumaker D	rive
			ME	
Ralph	DIGO	Ruby	Carmela	Johnson
WAS DECEASED EVER IN U.S. ARM		RITY NO. 17 INFORMANT	ADDRESS	same as 13
NO OR UNKNOWN) (IF YES, GIVE W	'AR OR DATES)	Mr. Ralph W	W. Riggin (f	ather)
IS CAUSE OF DEATH (Enter goly	ane cause per line far (a) shi and	duc =		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSED	BY: Carris	Pulmonan	Arrest	
IMMEDIATE				
Land Control of the	DUE TO, OR AS A CONSEQUE	NCE OF ROSONIZATO	a Distrom	Syntrone
gave rise to immediate	(b) 3000	C 1457 115010	7 0151033	
underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF PANOS	1001	11/2 204
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO F	SEATH BUT NOT BELATED TO THE TERM	AINIAI DISEASE OD COMPITIO	NI CIVEN IN BART 1/-
	CONTRIBUTION TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDINO	N GIVEN IN PART TO
19a. DATE OF OPERATION	T19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	70g AUTOPSY? 70b.	IF YES, WERE FINDINGS USED
			INC	CERTIFYING CAUSES OF DEATH?
71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21s. HOW INJURY OCCUR		
		Y YEAR		
WHILE MOT WHILE			CITY OR TOWN	COUNTY
AT WORK	1	9 2 3	(2) 2 2 2	9
			, 10	, 19, that (I) (we)
obove, (1) (we) (did) (did nat)		, and mar in (in) / (an) apinion	death occurred on the date on	
776. SIGNATURE	. 0 0.		MEDICAL STAFE	22c. DATE SIGNED
Count	nace	PHYSICIAN [DIRECTOR PHYSICIAN	× 19128
22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	22e. ADDRESS	V. Mac	4
Norman	79995	Johns Ho	brins Hospi	13/
BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Burial	10/1/80 Wi	comico Mem. Par		
FUNERAL DIRECTOR		250 DAJ	E REC'D. BY REGISTRAR 251 R	EGISTRAR'S SACH TIME
OLLOWAY FUNER	AL HOME, Sali	sbury, Md.	3 1360	17"
	STATE REGISTRAR ECEASED NAME PEOR PRINT! EX EX BIRTHPLACE STATE OR FOREIGN COUNTRY) CITY OR TOWN OF DEATH LITY OR TOWN OF DEATH WICO FATHER'S NAME FIRST WAS DECEASEDEVER IN U.S. ARM (YES NO OR UNKNOWN) IB CAUSE OF DEATH SENTER OR OR WAS DECEASEDEVER IN U.S. ARM (YES NO OR UNKNOWN) IB CAUSE OF DEATH SENTER OR CONTRIBUTION FAT 1. DEATH WAS CAUSED IMMEDIATE CONDITION PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21d. NOUNT OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 22a I certify that (I) (this hospitol sow the deceased alive on obove, (I) (we) (did) (did not) 22b. SIGNATURE BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL OTHERCTOR	STATE REGISTRAR ECEASED NAME FIRST MIDDLE EX HEAT PEOR PRINT] SUMMEY HEAT PEOR PRINT] SUMMEY HEAT PEOR PRINT] EX HEAT PEOR PRINT] SUMMEY HEAT PEOR PRINT] SUMMEY HEAT PEOR PRINT] SIATE AND PEOR PRINT] STATE AND PEOR PRINT PEOR PEOR PRINT PEOR PEOR PEOR PEOR PEOR PEOR PEOR PEOR	FOR STATE REGISTRAR STATE REGISTRAR CEASED NAME FIRST SUMMER EX. A RACE S DATE OF BIRTH MONTH DAY VEAR SUMMER EX. A RACE S DATE OF BIRTH MONTH DAY VEAR SUMMER EX. A RACE S DATE OF BIRTH MONTH DAY VEAR SUMMER EX. A RACE S DATE OF BIRTH MONTH DAY VEAR SUMMER EX. A RACE S DATE OF BIRTH MONTH DAY VEAR SUMMER DIVORCED STATE AND STATE AND STATE AND STATE AND STATE AND STATE AND STATE AND STATE AND AND STATE AND S	FOR STATE REGISTRAR CERTIFICATE OF HEALTH AND MENTAL HYGIENE 8 REG. NO. RECASED NAME FOR PRINCIPAL PRI



1		STATE OF MARYLAND	
3		NT OF HEALTH AND MENTAL HYGIENE 8	0 23096
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
0	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	LAST 20. DATE OF	DEATH MONTH DAY YEAR 26. HOUR
TAN SI	BENJAMIN H	RIZER	SEPT 10 1980 1-30M
WY.	3. SEX 4. RACE		ARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
- 5 FC	MALE CAUC	MONTH DAY YEAR	70 YRS. MONTHS DAYS HOURS MIN.
1 1 37	To BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED 9 BALTIMOR	RE CITY OR COUNTY OF DEATH
1 120	H ADV A.A.	WIDOWED DIVORCED	CITY
the full	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING		CCUPATION 12b. KIND OF BUSINESS OR FOR MOST OF WORKING LIFE) INDUSTRY
	BALTIMORE DUIVERSITY OF		
212 how d in l be	USUAL RESIDENCE (IF NURSING III AND COLOR III STITUTION GIVE RESIDENCE BEFORE A 13d STATE 13d STATE	OMISSION) 13d. IN SIDE CITY LIMITS? 13e. STREET A	DDRESS
AND 24 h	MB WWW. ECKHA		PO. Box 67
RYLA vithin vithin 2 sh	4. FATHER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAME	MIDDLE LAST
MARY mplete and 2	ARTHUR RIZER	MARY	ANN DAVIS
AORE, and ca and ca ages 1	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURI	TY NO. 17 INFORMANT	ADDRESS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician. The This certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled in by and Mental Hygiene prior to burial, cremation, or removal. The and Mental Bytakes any injury, or other traumatic event, the medical examiner must be income at the manual programmer of the property of the property of the programmer of the property o	UUKBOWB. NO 213 109	887 FROM CHART	
BALI icate l hysicio aval. nt, the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., rtific	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (D) CARBIA	ARREST	
ON or th ce	1550 DUE TO, OR AS A CONSEQUEN	CE OF	
dead dead		MOPHEUMONIA	
W. PRESTON not the death or by the attendin sse remave carb , cremation, or ather traumatic	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUEN	CE OF	
or orth	underlying couse lost. (c) MULTIP	LE ORGAN FAILUS	26
signed abuni	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)
ORD requ	ELIVER RESECTION	FOR HEPATOMA	•
low re low re ermit.	19d DATE OF OPERATION 196 CONDITION FOR WHICH O		PSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL RI N: The la hysician. cansit pee Hygiene 18 shaws	LIVER RESECTION 194 DATE OF OPERATION 195 CONDITION FOR WHICH O 7 30 80 CANCER OF 216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY	1120	NO YES NO
N OF VITA SICIAN: Ti ng physicin certificate rial-transit ental Hygi	CO COLUMNIA DI CALIFE DE DATE LA HOUR A.M. MONTH DAY	YEAR 21t. HOW INJURY OCCURRED (ENTER NATI	URE OF INJURY IN ITEM TS PART T OR PART 2)
SION OF VI: PHYSICIAN: ending physic this certifica the burial-tran and Mem Ial Hy d or Item 18	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19	
/ISION Thendii The bu and M ced ar	210. PLACE OF INJURY WHILE NOT WHILE AT MOME STREET, FACTORY OFFICE, FAR	2H. LOCATION STREET	CITY OR TOWN COUNTY STATE
DIVISION PROPERTY OF A PARTY OF A	AT WORK AT WORK	<u> </u>	
END tal o	22a L certify that (I) (this haspital) attended the deceased from	, and that in (my) (our) opinion death accurred	19 SC, that (I) (we) last
OR ATTEN DIRECTOR, sched for u Dept. of He f hem 21 is	above, (I) (we) (did) (did not) view the body ofter death. 27b. SIGNATURE		
I OR the harden	M. SIGNATURE	DEGREE ATTENDING MEDICAL	STAFFSTAFF
PITAL by 1 By 1 By 1 By 1 By 1 By 1 By 1 By 1 B	224. PHYSICIAN'S NAME (TYPE OF PRINT)	PHYSICIAN DIRECTOR	PHYSICIAN P 10 80
O HOSPITAL OR A etonied by the hos, TO FUNERAL DIRECTOR Should be detached with the State Dept.	- 1111111CTV		MADVIAGO ILON
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I	1 9. 2 HHTT12EL		MARYLAND HOSP.
	(SDECIEV)	ME OF CEMETERY OR CREMATORY 23d. LOCAT	STBURG, ALLEGANY MD.
BP		KHART CEMETERY FR	STBUKG ALLEGANY MD.
DHMH-16 30M 2/80 (VRA 15, 4)	NAME LICES 1 1. HOLLING TADDRESS T	DOTTO KED I JAK	1 profry the beary
	SOWERS FUNERAL HOME, 60 W. M.	ALN SI.	



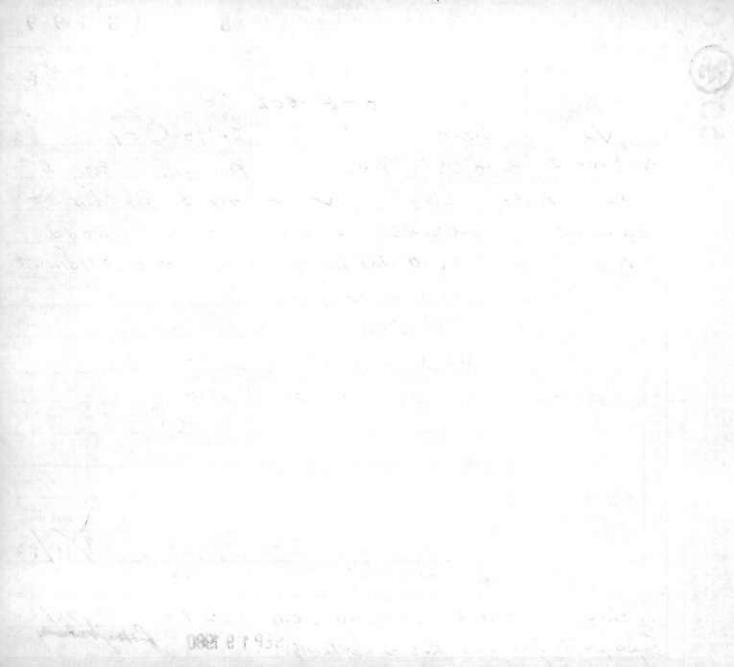
7	FOR STATE REGISTRAR	MEI	DICAL EXAMINER'S	CERTIFICATE OF DE	ATH 0 REG. NO.	3097
	PECEASED NAME FIRST TYPE OR PRINT) Hil		L. R	oberts , Sr.	20. DATE KNOWN X	9 10 19 80 N
1	Male Black	5. DATE OF BIRTH MONTH DAY 7 26	YEAR LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 24 HRS HS DAYS HOURS MIN	PRONOUNCED DEAD	9 10 19 90 3:1:
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WE	MARR		Baltimore City Or Baltimore	City
1	Baltimore	St. A	PITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS) gnes Hospital-D	FOI	SUAL OCCUPATION (TYPE OF R MOST OF WORKING LIFE)	WORK 12b. KIND OF BUSINESS OR INDUSTRY
13a.	JAL RESIDENCE (IF IN NURSING HO STATE Md. 13b. CC		Balto.	YES X NO 7	Giard Drive	
	FATHER'S NAME FIRST Martin		oberts	15. MOTHER'S MAIDEN NAMER Sarah Per	MIDDLE	LAST
160.	WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) Yes WW	GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 218–18–9681	Mary C. Robe	erts 1607 Ru	xton Ave.
NO		oich (b) DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEASE	SE OR CONDITION GIVEN IN PART 1 (0).		
CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY? YES ☑ NO □
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	OF DEATH P.M.	I. MONTH DAY YEAR 19 OF INJURY (ATHOME, 211, LC	OW INJURY OCCURRED (ENTER DCATION STREET	R NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2) COUNTY STATE
	AT WORK AT WORK		cribed obove, held on Autop Accident , Suicide	TITLE (SPECIFY)	Inquiry , ond i	n my opinion DATE 9-10-80 SIGNED
2			Korell, M.D.		Penn Street	
	BURIAL CREMATION, REMOV (SPECIFY) Burial	9/15/80	King Mem. Pa	ark Ba	OCATION PORTOWN altimore Co.,	Md.
24.	FUNERAL DIRECTOR NAME Wm C March F/	ADDRESS	01 E. North Ave	CED 1	1 1980 PEGISTRAR 256. REGISTRA	RAP'S SIGNATURD



0	1 -	STATE REGISTRAR	DEPARTM	CERTIFIC	ATE OF DEATH	REG. N	2 J	0 9 0
oy be age 3 deoth		CEASED NAME FIRST Ralp	oh E.	Robe	erts	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
1 4 moy tor, pa	3 SEX	Male	4 RACE Black	5. DATE OF	BIRTH O'S	6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER MONTHS YRS.	TYEAR IF UNDER 24 HRS DAYS HOURS MIN
(NA)BS	CC	RTHPLACE STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	DE COUNTY OF DE	ATH / MD.
201 Spring Filed and	1×	BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Provide	ent Ho		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY Public Sch
AND 212 n 24 have health be	13a. S Ma	ryland 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN Baltime	ore	3d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	13e STREET ADDRESS 2705 Quee:	n Ann Ró	l
omplets on 2		Harry	Robert Robert	ts	s MOTHER'S MAIDEN NA FIRST FIRST	nce		Cummings
BALTIMORE. ote be execu- sician and ci- ppers. Pages 1 val. t, the medical	16a W	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) Yes WW	E WAR OR DATES)		Roslyn R.	Boles 571	5 Kerys	
ST., BALT rificote by physicia on papers. emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		SiAC	ARRAS	+	9.0	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
W. PRESTON 9 not the death ce by the ottending sse remove carbo I, cremotion, or r. other traumotic.		Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	RY 0	PROVI	049 MI	<i>-</i> .	
ined in plea	NO		((c)	EATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN P	ART 1(a)
TAL RECORDS The law requir ticion. The been signification is the host been signification is the prior to be shown any injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
DN OF VITA PYSICIAN: T ding physici s certificate burial-transi Mental Hyg An Item 18 sh		? 1 a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1B, PART 1 OR F	PART 2)
DIVISION OF VITAL JING PHYSICIAN: The or ottending physicion After this certificate h e as the buriol-transit p oils and Mental Hygier marked or item 18 shaw	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET CON	CITY OR TO	NN COUR	NTY STATE
TTENDI pital or TOR: A for use of Heal		saw the deceased alive on	ital) attended the decaded from	911,0/0	that in (my) (aur) opinion	death occurred on the d	ote and hour and fr	, that (I) (we) last om the causes stated
TAL OR Any the host		STE SIGNATURE (ALL)	mile M.S		GREE ATTENDING PHYSICIAN [MEDICAL STA	FF 1	PUBO
CO HOSPITAL etoined by 1 TO FUNERAL should be det with the Stote		M.A. Allew	JR. M.D.		22e. ADDRESS		1	
150 BP	(:	BURIAL, CREMATION, REMOVAL Burial	23b. DAYE 9-11-80 Ari	Outus	Memorial			
OHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR PROPERTY E. Nut	ter 3035 W. N	orth	A 10" I	TE REC'D, BY REGISTRAR 9 1980	25h GISTRAR'S	GN URE

Providentiono tal Teacher - Balto Public Son True MAIL SIN-01-8431 Pontyn P. Boles 5718 Kegy hye talend manife of the frame outsides the first talend Harbert J. Dutter 1035 E. North ave . Sept. 1849 . J. Stediett

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- V	1.	FOR STATE REGISTRAR	D	EPARTMENT OF I	EALTH AND MENTAL HY	GIENE 8 0	2 3 0) 9 9
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Ē	3 SE	×	4 RACE	5. DATE (DAY CYEAR	6 AGE (IN YEARS LAST BIRTHD.		YEAR FUNDER 14 HRS
Page 4 director advector and and a sector an		Male	CANCALIAN		-8-90%	78	YRS	
death. Pour property of ance.		RTHPLACE ISTATE OR FOREIGN OUNTRY)	U.S.A	UNTRY? 8 MARRIE WIDOWI	NEVER MARRIED DIVORCED	BALTIMORE CITY OR	COUNTY OF DEAT	H MD.
the the fired	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	128 USUAL OCCUPATION		ND OF BUSINESS OR
haurs or haurs or the filed	D	Altimore	Balto CV		pr.	FOREMAN	Ret	rired
LAND 215	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDEN	OR TOWN	136 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	Bou/di	N 54
MARYL smpletely and 2 sl		Edmund	MIDDLE ROB	AST'N S	E mmA	SNOW	1 Re	LAST.
BALTIMORE, ate be execut sistion and cc ppers. Pages 1 val. t, the medical	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI VE WAR OR DATES) 216	10-4757	MRS Rose	ROBINS 44	15. Bou	Idin St.
ficate E physicia naval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for to	, (b , and (c)	4	A	APT 8ETW	PROXIMATE INTERVAL
ST., B. g phys conpap			TE CAUSE (a)	Mopula	n. Arre	rel		
PRESTON ST he death certs the attending p emove carbon mation, or ren		4273	DUE TO, OR AS A CO	SEQUEFICE OF ,				
e de mave		Conditions, if any, which gave rise to immediate	(b)	MINOM				
201 W. P es that the ned by the please rer ural, crem		couse (0), stating the underlying couse last	DUE TO, OR AS, A CO	L Lib	rillation			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PAR	tT 1(o)
0 2 5 5	CERTIFICATION	MACMIA.	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	1) LARE	Ob IF YES, WERE FIR	DIALCS LISED
	IFIC.	DATE OF OPERATION	170. CONDONION POR	WHICH OFERALIO	N WAS PERFORMED	1	N CERTIFYING CAU	JSES OF DEATH?
▼	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES NITEM 18, PART 1 OR PART	NO [
NOF VII	1 =	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR				
PHYSIC ending this cer is burion and Men	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY	
DIVISION OF VIT DING PHYSICIAN: 1 or ottending physics After this certificate se as the burial-trans solth and Mental Hyg marked or them 18 st	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	SIRCE!	CIITORIOWN	COUNTY	STATE
A Do		22a I certify that (I) (this hasp	tal) attended the deceased	0 . 17	18 19 8	6 , to 9/1	19	, that (I) (we) last
R ATTEN haspital RECTOR RECTOR sed for us of He man 21 is		saw the decapsed plive or above, (I/(we) idid) (did no	ot) view the body ofter deat	19 <u></u>		death accurred on the date		
OR he had been been been been been been been bee		226. SIGNATURE	11/0	0	DEGREE ATTENDING	MEDICAL STAFF	271.0	ATE SIGNED
TAIL by the by the by the by the by the best detailed by the best detail		22d. PHYSICIAN'S NAME (TYPE C	UVV9	Ye /	PHYSICIAN [DIRECTOR PHYSICIA	N/Z	10/80
TO HOSPITAL TO FUNERAL should be det with the Stote		A Sand	Maguera	/	THE ADDRESS		/	1
Mark Mark	23a F	SURIAL, CREMATION, REMOVAL	ZIB DATE	1230 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION ,		
26 BP	1	SPECIFY) SPECIFY)	9/20/00	PARKW	/ -/	BOIT &	COUNTY	md yate
DHMH - 16 60M 1/75	-	INERAL DIRECTOR	1//	DRESS		TE REC'D. BY REGISTRAR 251	E Bar	millionely
(VR A 15 (4))	(ESION K. 2			ALKING SET	1 9 1980	1	/



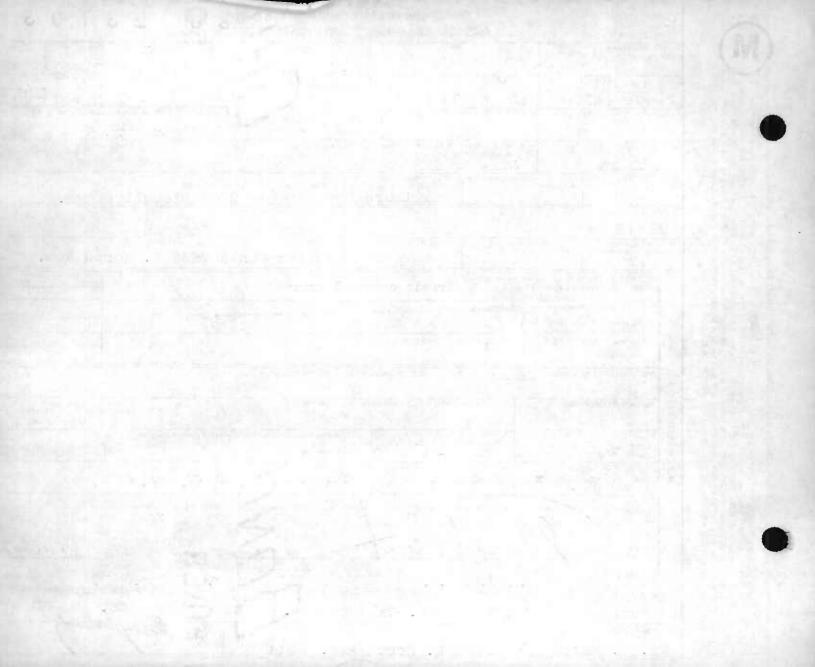
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	1		STATE O	FMARYLAND			
1	1.	FOR STATE REGISTRAR		LTH AND MENTAL HYG ATE OF DEATH	0.0	231	0 2
(N	I DE	CEASED NAME FIRST	IN To Robins	(AN)	REG. NO.		26. HOUR
after de	3 SE		RACE 5 DATE OF B		6 AGE IN YEARS LAST BIRTH	MONIHS DAYS	IF UNDER 2 HI
35	C	RTHPLACE ISTATE OR FOREIGN 7 DUNTRY		NEVER MARRIED XX	BALTIMORE CITY OF		ite
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ind be in the second	13a S	AL RESIDENCE HE NURSING HOME OR COTATE 136 COUNT	Baltimore v	INSIDE CITY LIMITS?		K Heights A	Avenu
and 2 sho	14. F/		oble (AST) Shield Robinson	MOTHER'S MAIDEN NA	ME MIDDLE B.	Samue	_
vsician and co		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN (# YES, GIVE V	VAR OR DATES)	INFORMANT	ADDRE	k Heights	Avenu
s been signed by the att	ATION	gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NO 198. CONDITION FOR WHICH OPERATION W		VINAL DISEASE OR COND	DITION GIVEN IN PART 1/0	
sho sho	CERTIFICATION				YES NO	IN CERTIFYING CAUSES	
this certificat urial-transit p Mental Hygi d or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		I HOW INJURY OCCUR	RED LENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2	
s the bur th and N marked	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	H LOCATION STREET	CITY OR TOW		STATE
DIRECTOR: hed for use a Dept. of Heal If Item 21 is		220 Leertify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	view the body ofter death.	hat in (my) (our) opinion	deoth occurred on the do	te and hour and from the c	
AL tac		226 SIGNATURE		ATTENDING PHYSICIAN	MEDICAL STAF		IGNED
should be detained with the State		PR CROS	sley	REOVIDEL	IT HOSpit	al.	
- a s =	23a 1	Burial Burial	236 NAME OF CEM 9/29/1980 King Mem	etery or Crematory	Baltimos	county	state vlan
HMH-16 25M		JNERAL DIRECTOR	1101 East North	Ave. S. DAT	E REC'D. BY REGISTRAR		Buly

E O L C L U to Company the company to the company t The break Transplace March 12 and 12 and

1	FOR	-~~ 111		PEPAPTAI		MARYLAND H AND MENTAL	HYGIENE	A arth	0	**9 1	0 7
1.	STATE REGISTRAR					CERTIFICATE	-	1 U	EG. NO.	5 !	0 3
	ECEASED NAM	AE FIRST		MIDDLE		LAST	20	DATE KNOW		TH DAY	YEAR 2b. HOUI
Ĺ	YPE OR PRINTE	Towan	o. Co.		F	obinson	100	OF EST DEATH MAT	ED O		80
0. 5	EX	4. RACE	5 DATE OF BIRTH	YEAR 6.	AGE (IN YEARS IF L	INDER 1 YR. IF UND	ER 24 HRS. 20		MONT	H DAY	YEAR 2d. HOU
I	emale	Black	10 6	76	3 YRS.	THS DAYS HOURS	MIN PK	ONOUNCED	C	26 19	80 12:2
	BIRTHPLACE (76. CITIZEN OF WI	AT COUNTR	Y? 8. MAR	RIED NEVER MAI	RRIED 9.	BALTIMORE	CITY OR COU	INTY OF DEA	TH
		MD		SA	WIDO	WED DIVO	RCED	Baltimo			M
I	CHY OR TOWN	re	Johns I	CILITY, GIVE STRE	eraddress) S Hospita	HER INSTITUTION		L OCCUPATIO		OR IN	OF BUSINESS DUSTRY
	STATE MD	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	13c CITY O	R TOWN	13d. INSIDE CITY LIMITS? YES X NO		TADDRESS	ewell	vn Av	е.
14.	FATHER'S NAM	NE .	WDD16			15. MOTHER'S MAI		MIDDLE	-11-44	LAST	
	David		MIDDLE	Knox	SI .	Tara		Jack	son	LASI	
160	WAS DECEASE	ED EVER IN U.S. AR	RMED FORCES?	16b. SOCIA	L SECURITY NO.	17. INFORMANT		AD	DRESS		
	No				N/A	Julius	Banks	2241	E. N		
	18. CAUSE C	OF DEATH (Enter of	nly one cause per line D BY:	far (a), (b), a	nd (c).)	al trauma				BETWEEN	OXIMATE INTERVAL N ONSET AND DEATI
	99		ATE CAUSE (a)			ar orauma					
	10	0 /		AS A CONSE	QUENCE OF						
	gave r	ans, if any, which rise to immediate	e / (b)	11.70							
		a) stating the <u>under</u> iuse last.	DUE TO, OR	AS A CONSE	QUENCE OF						
			(c)								
3		SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH	BUT NOT RELATED) TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN	PART 1 (a).				
INCATION	19a. DATE O	FOPERATION	19b. CONDI	TION FOR WI	HICH OPERATION	WAS PERFORMED?				20. AUT	OPSY?
110										YES	NO []
CBBT	210 EXTERN	IAL CAUSE WAS	21b. TIME OF			HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN	ITEM 18 PART 1 OF		
		G OR ING CAUSE OF		9-24		Inknown					
MEDICAL	21d. INJURY	OCCUPPED	21e. PLACE	OF INJURY	(AT HOME, 211. L	OCATION		CON OR TOWN		COUNTY	STATE
AAG	WHILE AT WORK	NOT WHILE	STREET FAC	cory, farm, etc.	1	street Inknown	E	Balto,	Md.	COUNTY	STATE
			ge of the remains de	criber Ibour	held on Me	apsy X , Inspec	tion	Inquiry .	and in my	v aninian	
	death resul	/	Qualitie remains des	AAT	Suicide S	Hamicide	1	mined manner	(M)	, apinian	
	geath resul		777	11/2	Juicide	TITLE (SPECIFY)		maney munner	· · · · · ·		
	ACTUAL SIGNATURE	X	Works	4/	MM	M.D. Deputy ('AI FYAMINED	DA	TE GNED C	1/27/80
1	SIGNATURE	-		10	-	THE STATE OF THE S	TTTEMEN	- TE EXAMINER	310	, VED	744100
	EXAMINER'S	NAMThomas	D. Smith	, M.D.		ADDRESS 111	Penn S	St. B	alto.,	MD.	100
230		ATION, REMOVAL		23c. NA	ME OF CEMETERY	OR CREMATORY	23d. LOC			OUNTY	IMP
	Buri	.al	9/30/80			rt Cem	Ba	Ttimor	e C	ONTY-	MD
24.	FUNERAL DIRE	CTOR	ADDRES:			25a. DA	TE REC'D. BY R	REGISTRAR 15	the strang	MASSICALIA.	7
		March	F/H 110		North A	Ave. SE	P 29	1200	./	1	1
Steel Steel											



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-6 80 Willie DEATH MATED X Robinson E. 19 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX DATE OF BIRTH 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED Black. 45 Male. 13 34 10 DEAD 19 80 Th. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U. S. A. WIDOWED [South Carolina DIVORCED [Baltimore City II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 13 N. Carrolton Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13 North Carrollton Avenue Baltimore Maryland YEXX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nettie Robinson Robinson 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 251-50-7501 James Franklin Chester, Pa. Yes ARMY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic Pancreatitis and Alcoholism DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection XX 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Hamicide death resulted fram: Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Assistant 9-7-80 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23d. LOCATION Mt. Auburn Cemetery 230. BURIAL, CREMATION, REMOVAL 236. DATE 9/10/80 Baltimore, Maryland 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Wm. C. March F/H 1101 East North Ave. VR A15 ME (5) 1000 15M 7/76

(VRA 15, 4)

March 19 Company €." angeligade ben'igat ben'iga Today come to the last to the contract of the ros localidades localidades locales de local And the control of the long Winglish Tenestal necessarian out of the SE Leavell darring tunewi Home, ..., Demices, C. 2121

3	1	- STATE REGISTRAR		DEPAR	CERTIF	EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 O	2 3		3 6
be oge 3		CEASED NAME HOWA	and B	en jami ROGA	R.S.	gers, Sr.	20 DATE OF DEATH	MONTH DAY 20/80		230 M
ge 4 mo	3 SE	×	4 RACE	/	5 DATE C	P BIRTH 27 04	6 AGE (IN YEARS LAST BIR	RTHDAY] IF U	INDER I YEAR IF	FUNDER 24 HRS
eoth. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Mary Sand	76 CITIZEN OF	VHAT COUNTR	Y? 8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF	DEATH	-4 MD
offer of		MINORE		OSPITAL, NURS	EET AOORESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION	126 KIND OF B	BUSINESS OR
filled in hould be	LUSU	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)	R OTHER INSTITUTION, NTY	GIVE RESIDENCE BEF 130 CITY OR TO BMT	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13. STRE 53.03 SS	10 .	-10-	·21206
ompletely ond 2 s		Howard	MIDDLF	Roger	S	15 MOTHER'S MAIDEN NAME FIRST	MIDDLE		Smi	th
be execu		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL SE	CURITY NO.	Ethel E. R	ogers, wi		me ad	dress
es that the death certificate ned by the attending physic please remove carbonpape urial, cremation, ar removal.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEC R 13	DUENCE OF CP MI	ANNES		NDITION GIVEN		JE INTERVAL SET AND DEATH
he low requir bos been sign r permit. Then ene prior to b	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	/ERE FINDINGS	S USED F DEATH?
PHYSICIAN: 11 ending physici this certificate the buriol-transit and Mental Hygi dar Item 18 sh	MEDICAL CER	?10. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.A.	A. MONTH	19	21f LOCATION STREET	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
ATTENDING P spital or offer it CTOR Affer it for use as the for the offer or of Health and		WHILE NOT WHILE 220.1 certify that (I) (this haspi sow the deceased alive an above, (I) (C) (did) (4)	4/2	0 19	1	d that in (my) (a apinion of	to death accurred on the c	20 19 date and hour on	that fram the cou	at (1) (we) lost uses stated
by the house ERAL DIRE. ERAL DIRE. George detached State Dept.		724 BAYSICIAN S NAME PRE	Sker	un	n	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSE	CIAN	224. DATE SIC	0/80
TO HOSPITAL TO HOSPITAL TO FUNERAL should be det with the Stote	224	BURIAL, CREMATION, REMOVAL	SHA	1ER	S NAME OF C	Ce 105 7	BY LHNEZ 1236 LOCATION	BALL	211	370
BP		Burial	9/23/	/80	Garder	s of Faith	CITY OR TOWN	Balti	more,	Md.
DHMH - 16 60M 1/75	24 F	Schimunek Fu	neral !	Ho engress	Inc.	SEP	E REC'D. BY REGISTRAR	125b. RED ISTRAR	R'S SIGNATURI	de



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	AONTH DAY	YEAR	26 HOUR	
	MANDE		ROGERS		9 10	80	925 P	
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY] IF	UNDER I YEAR	IF UNDER 24 HRS	
	FEMALE	BLACK	DEC. 13, DAY 1985 EAR	84	YRS	NIMS DAYS	HOURS MIN.	
9	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NORTH CAROLINA	76. CITIZEN OF WHAT COUNTRY? U. S. A.	* MARRIED NEVER MARRIED NOWED NOWED NOWED NOWED NOWED NOWED NOW	9 BALTIMORE CITY OR PALTIMORE				
1	10 CITY OR TOWN OF DEATH BALITIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSIGH FACILITY GIVE STREET ADDRESS) WHICH REMORELAL HOSP TTAL		120 USUAL OCCUPATIO		12b. KIND O INDUSTRY	N/A	

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2910 PARKWOOD AVENUE MARYLAND N/ABALTIMOREYES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST CEASAR VINES **JETTINE FORMAN ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-09-5940-D MRS. ERNESTINE MITTCHNER 3617 HOWARD PK AV NO N/A

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ALDIA IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the OR AS A CONSEQUENCE OF underlying couse 2053 Aneury sur STATUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

MHEROSclerotics 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

DOMINAL AFEURSSUN 210. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

80

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) (this hospital) attended the deceased from

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

CITY OR TOWN

COUNTY STATE

NO [

226. SIGNATURE

NOT WHILE

sow the deceased alive an.

DEGREE

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

NO

220 DATE SIGNED

22d. PHYSICIAN'S NAME TYPE OF PRINT enrique murciano

23c. NAME OF CEMETERY OR CREMATORY MARYLAND NAT'L. CEM.

22e ADDRESS

UNIONMEMORIAL HOSPITAL 23d LOCATION

BALT MD.

COUNTY

YES [

STATE

(SPECIFY) BURIAL

230. BURIAL, CREMATION, REMOVAL

FOR

24 FUNERAL DIRECTOR LEROY O. DYETT & SON 4600 LIBORESHGHTS. AVE.

23b. DATE

9/15/80

DHMH-16 30M 2/80 (VRA 15, 4)

Hem 18

marked or

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ENRIQUE, IURCIANO UNIONIEMORIAL HOSPITAL

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BALTIMA

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20	1 -	FOR STATE REGISTRAR		DEPARTI	CERTIF	ICATE OF DEATH	REG. N	2 3 1	08
me./		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
y be			UIS	M. R	OSENF			9 4 80	/ / M
E E	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	
- PAN		MALE	WHIT			. 7, DAY 1907 FEAR	73	YRS.	
4 52 63 C		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	_	CT TO	
ded thin thin		MARYLAND BACKTOMOREDEATH	USA III NAME OF		WIDOWE	DR OTHER INSTITUTION	BALTIMOR		MD. OF BUSINESS OR
by the filed wi	1	MARYLAND	JOHN	S HOPKI	NS HO		(TYPE OF WORK FOR MOST OF INSTRUC	E WORKING LIFE) INDUSTR	
24 hour filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOM TATE 13b CC	E OR OTHER INSTITUTIO OUNTY	130 CITY OR TOW BALTIMO	E ADMISSION) /N PE	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6100 IVYDE	NE TERRACE	#21209
ately 2 sh	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		ACT
and mode		JESSE	MIDDLE	ROSENFELD)	FIRST	MIDDLE	ROSEN	STEIN
n ond co Poges 1	160 V	VAS DECEASED EVER IN U.S.		10000		17 INFORMANT MRS.	MADALYN E.	ROSENFELD	
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ote l rsicio pers vol. t, the		18. CAUSE OF DEATH (Ente	only one couse p	er line for (a), (b), on					NONSET AND DEATH
physics an poper emovol.		PART I. DEATH WAS CAL	JSED BY: NATE CAUSE (a)_	ruptued	Thos	aux Coreu	cysm	10	mn
attending ove corbi		4410	DUE TO,	OR AS A CONSEQU	ENCE OF	ortic anew	,	11	
attendin nove corb ation, or i		Conditions, if any, which	(b)_	dissecti	in a	ortu aneu	ysm	16	grs
by the asserement, crema		gave rise to immediate cause (a), stating the underlying cause lost.		OR AS A CONSEQU	ENCE OF			12 1- 19	
signed hen plec to buriol jury, or	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
iar 1	CERTIFICATION	196 DATE OF OPERATION	MAN CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
os poserm	FIC	176 DATE OF CRATION	170 CON	DINORTOR WHICH	OFERATIO	WASTERIORMED		IN CERTIFYING CAUSE	ES OF DEATH?
show	ERTI	710. ACCIDENT WAS UNDERLYING	□ 21b TIME	OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES	NO 🗆
physical Infic		OR CONTRIBUTING CAUSE OF	DEATH HOUR	A.M. MONTH D			(EMERICAL OF 1130		
iding his cert burial Ment or fren	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		P.M. E OF INJURY	19	211. LOCATION			
	ME	WHILE NOT WHILE		STREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OF TO	WN COUNTY	STATE
After the as the although		22a.1 certify that (1) (this ha	roital) attended	the deceased from	91	D 10 87	9/0	10 80	, that (I) (we) last
or us f He		saw the deceased alive	on 9/	4 19	2/2,01	nd that in (my) (aur) apinion	death accurred on the d	ate and hour and from th	
ECT Ed for pt o		obove, (I) (we) (did) (did 22b. SIGNATURE	not) view the boo	dy ofter death.		DEGREE		23c D.A.	IE SJÖNED
tached tached b Dept		/	1. 1		1	ATTENDING	MEDICAL STA	FF 9	24/m
ERAL State		22d. PHYSICIAN'S NAME	VE OR PRINT)		10	PHYSICIAN [DIRECTOR PHYSIC	IANU	7/00
FUNERAL JID be den the State ORTANT:	100	PK	FTAIN	/		JUHNS H	OPKINS A	HOSPITA	1
retained by the TO FUNERAL should be detained to the State IMPORTANT:	22-	SURIAL, CREMATION, REMOV	, ,		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	10011101	
100	230	SURIAL, CREMATION, REMOV			DRUID -		CITY OR TOWN	COUNTY	STATE
Dr	24 F	JNERAL DIRECTOR SOI	LEVINGO	N & RROS	INC	KIDGE 25a_DA1	PIKESVI	LLE BALTO	MD MD
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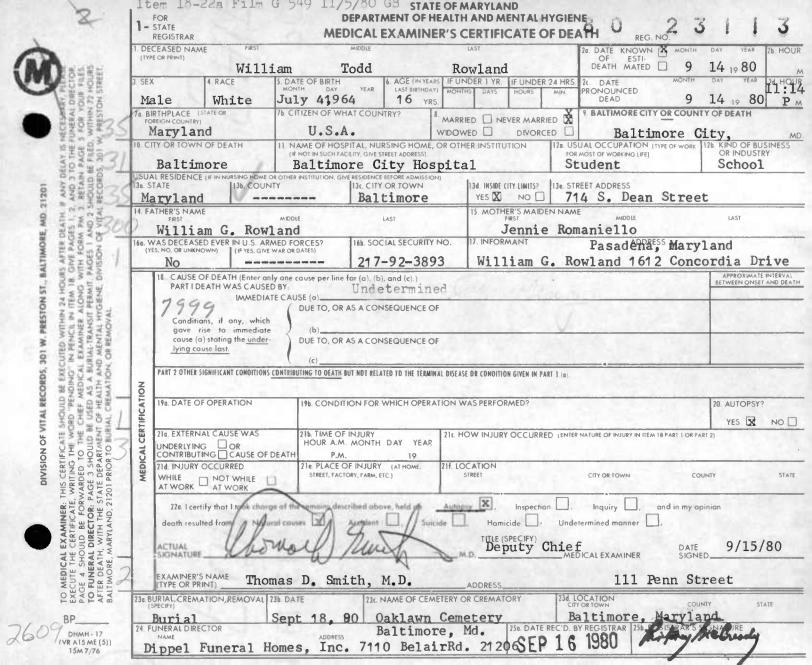
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1. DECEAS	SED NAME FIRS	Ť	MIDDLE	LAST	20. DATE KNOWN MOI	NTH DAY YEAR 25. HOUR
(1112 011)	Kas	shice.		Roundtree	DEATH MATED	
3 SEX	4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE MON PRONOUNCED	172:5
fema			80 YR	rs. 4	DEAD C	2 1,80 a M
FOREIGN	PLACE (STATE OR	76. CITIZEN OF WHA	AI COUNTRY?	MARRIED NEVER MARRIES WIDOWED DIVORCES		
	RTOWN OF DEATH	(IF NOT IN SUCH FACE	ITAL, NURSING HOME RITY, GIVE STREET ADDRESS) nt Hospital	, OR OTHER INSTITUTION	20. USUAL OCCUPATION (TYPE OF WO	
USUAL RE		OME OR OTHER INSTITUTION GIVE		ON)	3. STREET ADDRESS 3531 Reistersto	wn Road
Roz	R'S NAME FIRST nald		undtree	15. MOTHER'S MAIDEN FIRST Lynn	MIDDLE	ler
16a. WAS	DECEASED EVER IN U.S.), OR UNKNOWN) (IF YES,	. ARMED FORCES? GIVE WAR OR DATES)	N/A	Shirley	Tyler 3531 Rei	sterstown Rd.
18	CAUSE OF DEATH (Enter PART I DEATH WAS CA	used BY:	ar (a), (b), and (c).) dden-Infan	Bronchonneymoni t-Death-Syndreme	a, early	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6-7	Canditians, if any, w	hich	AS A CONSEQUENCE O	OF		
	cause (a) stating the un lying cause last.		AS A CONSEQUENCE (DF		
	T 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART	1 a.	
	DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
TIFICAT			NILIPY	Tal- HOW INTHIBY OCCUPED	ENTER NATURE OF INJURY IN ITEM 18 PART ?	OR PART 2)
CAL CERTIFICAT	EXTERNAL CAUSE WAT DERLYING OR NTRIBUTING CAUSE	OF DEATH P.M.	MONTH DAY YEAR			
EDICAL CERTIFIC	DERLYING OR	OF DEATH P.M.	MONTH DAY YEAR	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
de	DERLYING OR NTRIBUTING CAUSE INJURY OCCURRED HILE WORK AT WORK 22a. I certify that I took of the resulted from:	OF DEATH P.M.	MONTH DAY YEAR 19 FINJURY (ATHOME, RRY, FARM, ETC.)	211. LOCATION STREET Autapsy . Inspection icide . Hamicide .	CITY OR TOWN Inquiry , and in m Undetermined manner ,	ny apinian
do AC	DERLYING OR NTRIBUTING CAUSE INJURY OCCURRED HILE NOT WHILE WORK AT WORK 220. I certify that I took of the resulted fram: TUAL WATURE	OF DEATH P.M. 21e. PLACE OI STREET, FACTO harge of the remains described to the street process of the street	MONTH DAY YEAR 19 FINJURY (ATHOME, PRIVE PARM, ETC.) ribed above, held an Accident . Su	Autapsy X. Inspection icide . Hamicide . TITLE (SPECIFY) M.D. Assistant	CITY OR TOWN Inquiry , and in multiple of the control of the cont	
AC SIG	DERLYING OR NTRIBUTING CAUSE INJURY OCCURRED HILE NOT WHILE WORK AT WORK 220. I certify that I took of the resulted fram: TUAL WATURE	HOUR A.M. P.M. P.M. PRACEO STREET, FACTO Address X Margarita A	MONTH DAY YEAR 19 FINJURY (AT HOME, 19 FINJURY (AT HOME, 19 FISHER ARM, ETC.) TIPE ARM, ETC.) KOPELL, KOPELL, I	Autapsy X. Inspection icide . Hamicide . TITLE (SPECIFY) M.D. Assistant	CITY OR TOWN Inquiry , and in m Undetermined manner ,	ny apinian .

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Tarring Funeral Home, P.A., Aberdeen, Md. 2100

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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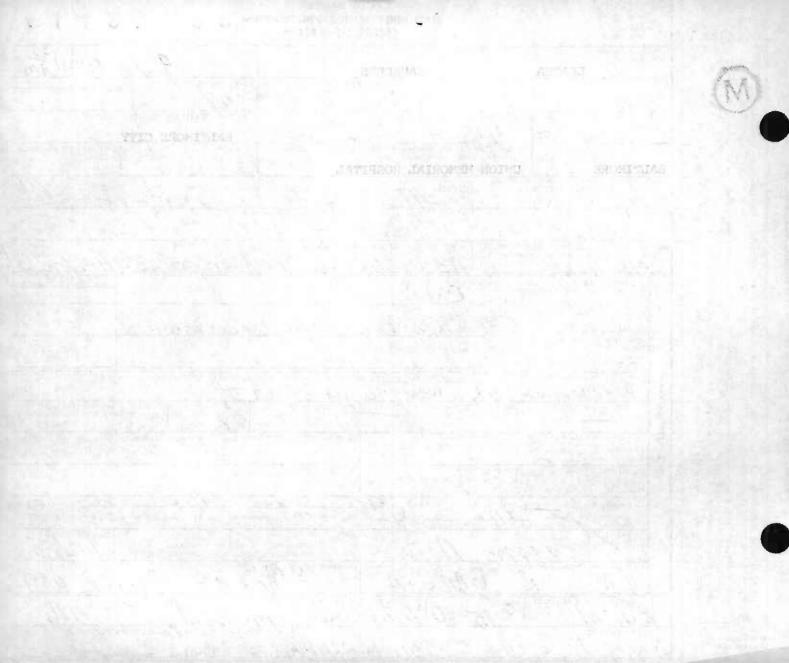
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A	1	STATE REGISTRAR	DEPARTA	AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	2311
a m.c		CEASED NAME FIRST	Mattie	Johnson	20. DATE OF DEATH	MONTH DAY YEAR 26, HOUR
page 3	-	MATT	IE SANSHURXX	SANSBURY		09-12-80 2:05p
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24 ho	USU	AL RESIDENCE IF HURSING HOME OR OF		MIN NSIDE CITY LIMITS?	130 STREET ADDRESS) + +
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by the rem		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
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is been nit. The prior t	CERTIFICATION		Tim comments	0000	In AUTORGUS	Ten it was wishe shippings was
8 5 5 8	2	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
cian. ricate han ificate han it permit hygiene	1 2				YES NO	YES NO
rSICIAN: hysician. certificate l-transit pe ntal Hygier Item 18 sl		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2
PHYSICI ng physic this certif urial-tran Mental H d or Item	14	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
G PHY ding ph er this c sburial- nd Men ked or	MEDICAL	21d INJURY OCCURRED	21s PLACE OF INJURY	211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE
NDING P attending A: After th as the bu alth and h	1 2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.	CITI ON TON	JAN.
S & C a la s		220.1 certify that (I) (this hospital	ottended the deceased from_	09-09- 19 81	0_10_09-	12 19 80 that (1) (we)
ATTE bital or ECTO for use of He		sow the deceased alive on above (1) (Fe) Grd (did nat)		280, and that in (my) pur opinion	death occurred on the do	ate and hour and from the couses stated
JH A ospiil A de le		22h SIGNATURE	new the body after death.	DEGREE		22c DATESIGNED
- 040 =		THE HUN	00/0/10/1	. ATTENDING	_ MEDICAL _ STAF	F _/ 0/17/20
ERAL State C	4	oce our or	et une	PHYSICIAN [DIRECTOR PHYSIC	IAN G
		224 PHYSICIAN'S NAME ITYPE OR PE	RINT)	220 ADDRESS CHU	RCH HOSPIT	AL CORPORATION
TO HOS retained I TO FUNI should be with the		DR. IMPAGLTA	TELLI WALKER	100 N. BRO	DADWAY BAL	TIMORE, MARYLAN
F#3 E		BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFIC III)	4-17-81 M	THINKING PM	CUY OR TOWN	OM TOUNTY STATI
01	24.F	UNERAL DIRECTOR	1 . 7 00 1///	25a. DA1	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
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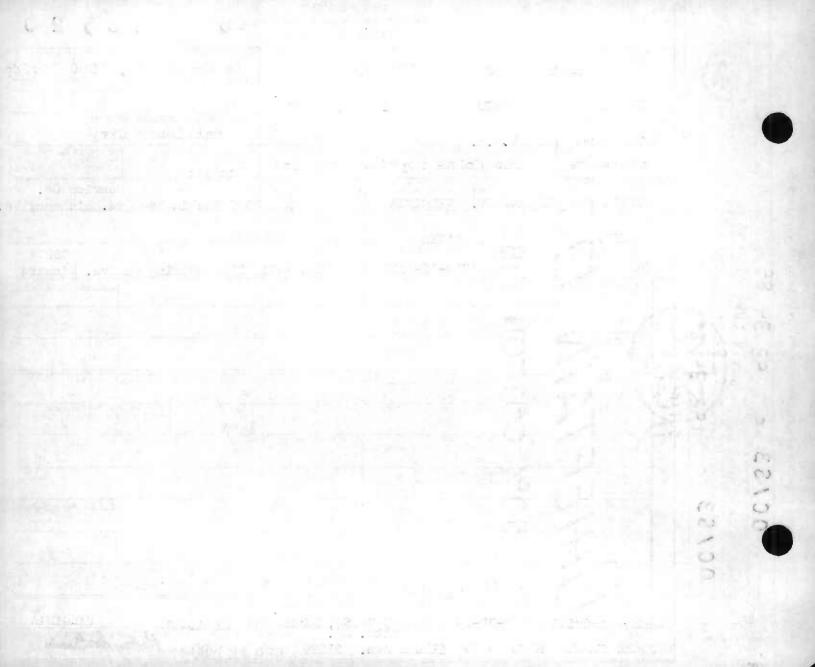
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(17	PE OR PRINT)	Adolph	Anthon	у	Sapaukas		OF EST	-	10	
3. SE	ale	4. RACE white	5. DATE OF BIRTH MONTH DAY May 30,19	YEAR LAST BIRTHDAY) MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	MON		980 10:
3 F	BIRTHPLACE (Soreign Country) Massach		76. CITIZEN OF WHAT	COUNTRY?	MARRIED NEV	ER MARRIED DIVORCED	9. BALTIMORE O			ATH
1	Baltimo	re		AL, NURSING HOME, Y, GIVE STREET ADDRESS) MOTIAL HOS	or other institut pital	FOR	UAL OCCUPATIO MOST OF WORKING LII Prderly			of Business INDUSTRY pital
13a	AL RESIDENCE STATE Marylan	136 COUN	R OTHER INSTITUTION, GIVE RE TY	SIDENCE BEFORE ADMISSIO BL. CITY OR TOWN Baltimore	13d. INSIDE CIT	. 🖂	REET ADDRESS	oth St.		
14. F	ATHER'S NAM FIRST Anth	ony Sapau	MIDDLE	LAST		R'S MAIDEN NAM			LA	AST
16a.		DEVER IN U.S. AR	WED FORCES?	66. SOCIAL SECURITY		nomas Sap				ub Blvd. Mass 016
7	PARTID Gandition	IMMEDIA Ons, if any, which ise to immediate b) stating the under-	DUE TO, OR AS	nio-cerebi A CONSEQUENCE O	F				BETWE	ROXMATE INTERVAL EN ONSET AND DEAT
			(c)							
ATION	Edit.	FOPERATION	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN					20 AL	JTOPSY?
ERTIFICATION	19a. DATE O			N FOR WHICH OPERA		AED?	s MATURE OF INJURY IN	ITEM 18 PART 1 (YE	UTOPSY? ES XX NO [
DICAL CERTIFICATION	19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT	F OPERATION AL CAUSE WAS G OR ING CAUSE OF I	196. CONDITION 216. TIME OF IN. HOUR A.M. M DEATH 8 30 P.M.	JURY JONTH DAY YEAR 9/6/1980 NJURY (AT HOME.	ITION WAS PERFORA	AED?			YE	
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MEDICAL	19e. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. 1 ceri death resul ACTUAL SIGNATURE EXAMINER' (TYPE OR PR	FOPERATION AL CAUSE WAS G OR ING CAUSE OF I OCCURRED NOT WHILE AT WORK fify that I tack chargeted from:	216. TIME OF IN. HOUR A.M. M DEATH 30 P.M. 216. PLACE OF I STREET, FACTORY hous ge of the remains describ	JURY JURY JURY JURY JURY JURY JURY JURY	21c. HOW INJURY of fell dow. 21f. LOCATION STREET 307 E. 2 Autopsy XX ide Homici	OCCURRED (ENTER n stairs 9th St. Inspection de Unde PECIFY) Stant AEI 111 Penn RY 23d L C.	of porch	ne ondinm	COUNTY ATE GNED 9	Md. STATI

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3	1.	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.
100		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR.
FAA	3. SE	× LEATHA	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(M)	1	emale	13 CACH MAY 15, 1902	78 YRS, MONTHS DATS HOURS MIN.
7 2 2 P	78 B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
8 11 50	19.5	MANUS TOWN OF DEATH	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	BALTIMORE CITY MD. 120. USOAL OCCUPATION / 12b. KIND OF BUSINESS OR
officed with		LTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL	(TYPEGY WORK FOR MOST OF WORKING LIFE) INDUSTRY
hours chours d in by be file	_	AL RESIDENCE IN NUMBER HOME O	OK OTHER PROFINATION, GHE RELIGENCE BEFORE ADMILLIONS	In stores address // / / / / / / / / / / / / / / / / /
AND 2 in 24 h hauld t	12	pargland	BALLON YES NO	232 HAV ford Res
MARYLAND 2120 red within 24 hours campletely filled in b and 2 should be fil	14.6	HAME	15. MOTHER'S MAIDEN NA	T MIDDLE / + ew/e 14/
MORE, A		VAS DECEASED EVER IN U.S. AI	RMED FORCES? IN SOCIAL SECURITY NO IV INFORMANT	ADDRESS // //
BALTIMORE, cote be executed by scion and coppers. Pages 1 you!		NO	213-07-28/1/hrs./NAr	y Bryng 232/Harford Ko
		PART I. DEATH WAS CAUS		APPRO MAJE INTERVAL BETWEEN ONSET AND DEATH
ding parbon or ren	- 1	5577 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	
death death		Conditions, if any, which	((b) MESENTERIC VASC.	OCCLUSION.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The law requires that the death certificate has been signed by the ottending patter this certificate has been signed by the ottending post the buriol-transit permit. Then please remove carbon in ond Mental Hygiene prior to burial, cremation, or remorked or them 18 shows any injury, ar other traumotic even		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
igned signed en ple buria	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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DHMH-16 30M 2/80	24 (F	UNERAL DIRECTOR	25a. DAI	TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) LORI September 198 **JEAN** SAVIK 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAY FEMALE WHITE 62 To BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Minnesota WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR The John's Hopkins TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Hospital Student ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Henrico Co. 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? RICHMOND HENRICO CO VIRGINIA NO K 2305 Buckingham Ave. Richmond Va. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST DWAYNE UNKNOWN SAVIK ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 23228 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 230-15-8531 DWAYNE SAVIK 2305 Buckingham Ave. Richard APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST OR AS A CONSEQUENCE OF APLASIA Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SI BLEEDING 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from 08 sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, () (we) (flid) (did not) view the body after death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS HOSPITAL NANCY 234. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN VIRGINIA Removal/Burial -20-80 RICHMOND RICHMOND 250. DATE REC'D. BY REGISTRAR 756. RPDISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 4107 Wilkens Ave. HUBBARD FUNERAL HOME (VRA 15, 4) 21229



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(VRA 15, 4)

Home, Inc.

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	- STATE REGISTRAR 1. DECEASED NAME H TYPE OR PRIVIDE 3. SEX FEMA 4. BIRTHPLACE STATE OF COUNTRY MARY HAND 10. CITY OR TOWN OF E JOSUAL RESIDENCE (IFN 13g STATE Md 14. FATHER'S NAME FIRST WALLER 16G. WAS DECEASED EV (YES, NO OR UNKNOWN) NO 18. CAUSE OF DE PART 1. DEATH Conditions, if or gove rise to couse 101, str underlying co PART 2. OTHER'S OR CONTRIBUTING [(IF EITHER, NOTIFY ME 270. I Certify that sow the dece obove, (I) (We 272. SIGNATURE 273g. BURIAL, CREMATIC (SPECIFY) BURIAL 24. FUNERAL DIRECTOR	1. DECEASED NAME HILDS and HERE IS A CAUCASIAN 3. SEX Female 4. RACE CAUCASIAN 4. RACE CAUCASIAN 5. CITIZEN OF WHAT COUNTRY? MARY LANDA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY MACHINE IN THE INTERPRETATION OF THE RESIDENCE BEFORE 13th COUNTRY MACHINE IN THE INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY MACHINE IN THE INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY MACHINE IN THE INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY MACHINE IN THE INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY MACHINE IN THE INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY MACHINE IN THE INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY BAILTIMO HE FATHER'S NAME INSTITUTE IN THE STITUTION, GIVE RESIDENCE BEFORE 13th COUNTRY BAILTIMO BAILTIMO 13th COUNTRY BAILTIMO 13th COUNTRY 13th COUNTRY 13th COUNTRY DUE TO, OR AS A CONSEQUENCE OF DEATH COUNTRIBUTING COUSE ID THE COUNTRIBUTING TO DISTORT BUTING COUNTRIBUTING TO DISTORT BUTING COUNTRIBUTING TO DISTORT BUTING CAUSE OF DEATH AT WORK A TWORK A WORK A TWORK A WORK A TWORK 12th LACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACT	1. DECEASED NAME HILDER ARCE REGISTRAR 1. DECEASED NAME REGISTRAR 1. DECAMPAGE OF DEATH REGISTRAR	CERTIFICATE OF DEATH REG. N.

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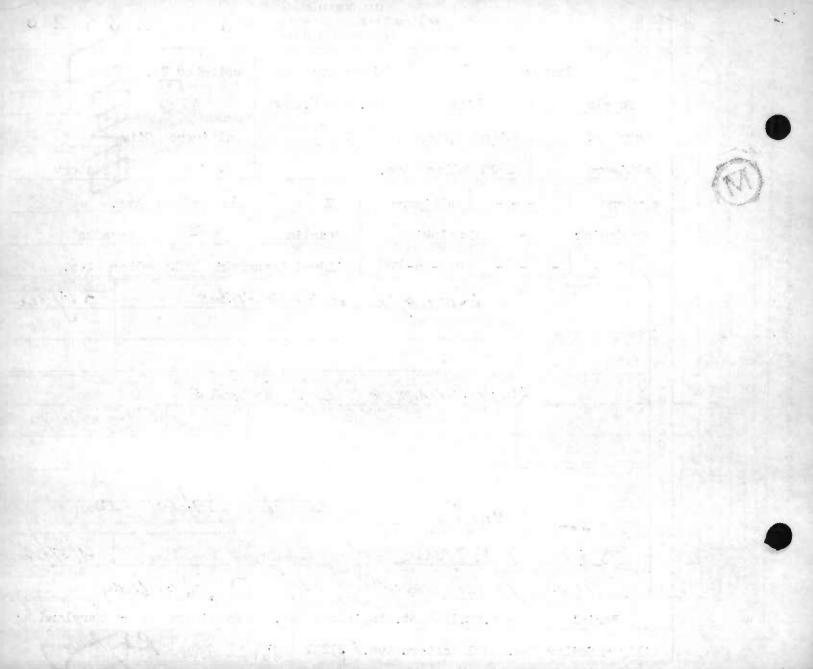
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physicion. Where this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled than dental Hygiene prior to burial, cremation, ar remayal	USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TO	ORE ADMISSION)	13e STREET ADDRESS	BALTIMORE				
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8	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 8 0	231	2/
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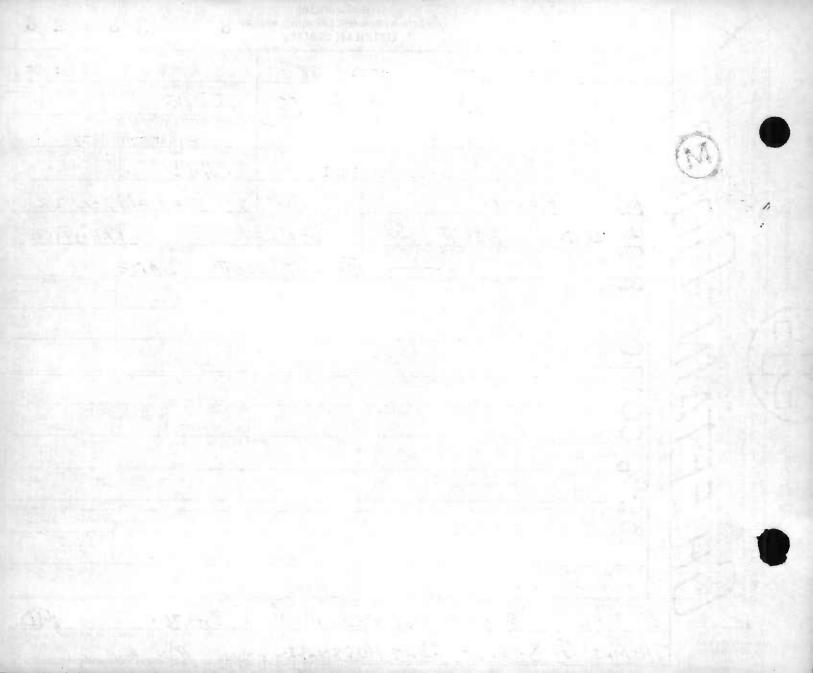
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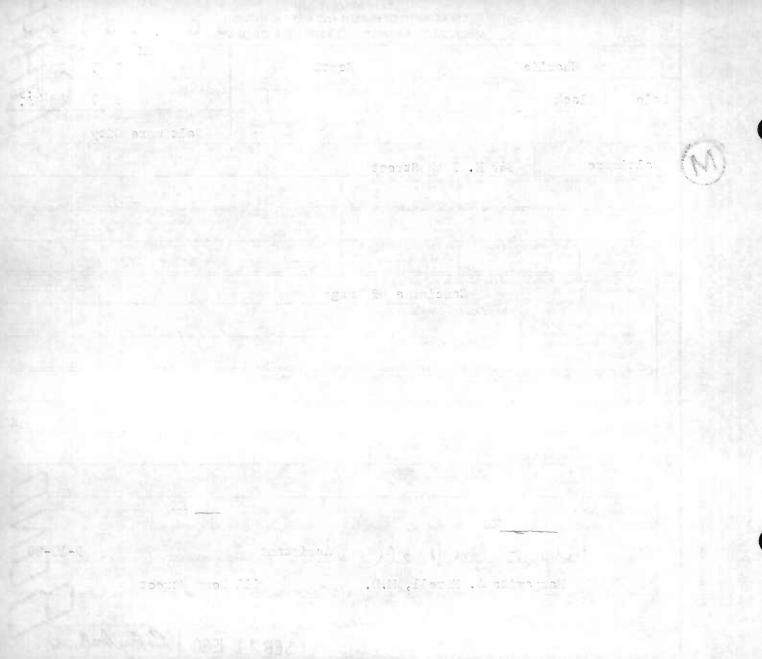
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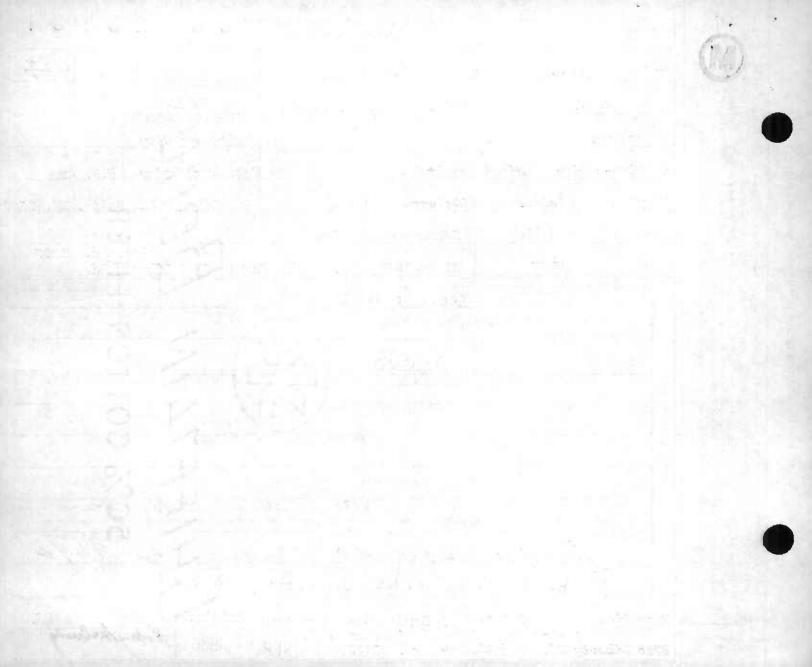
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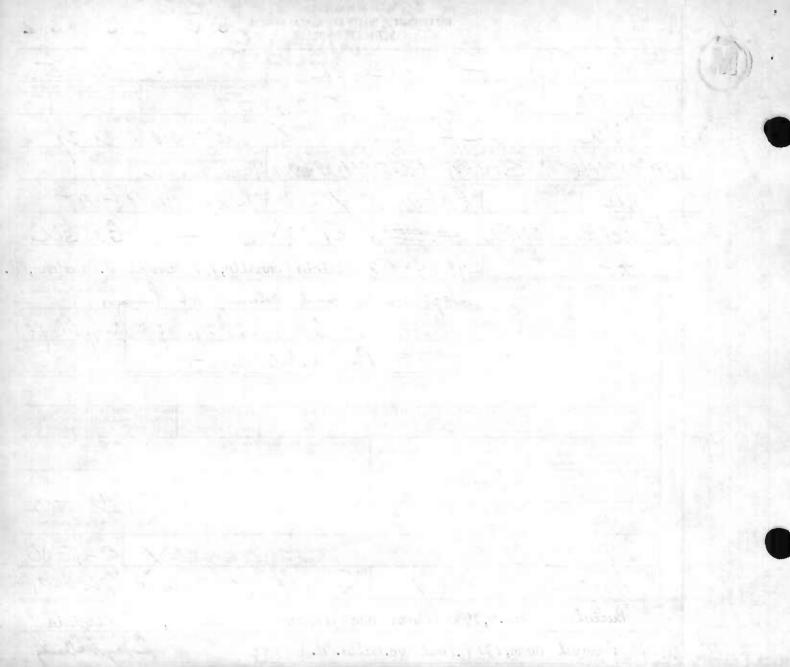


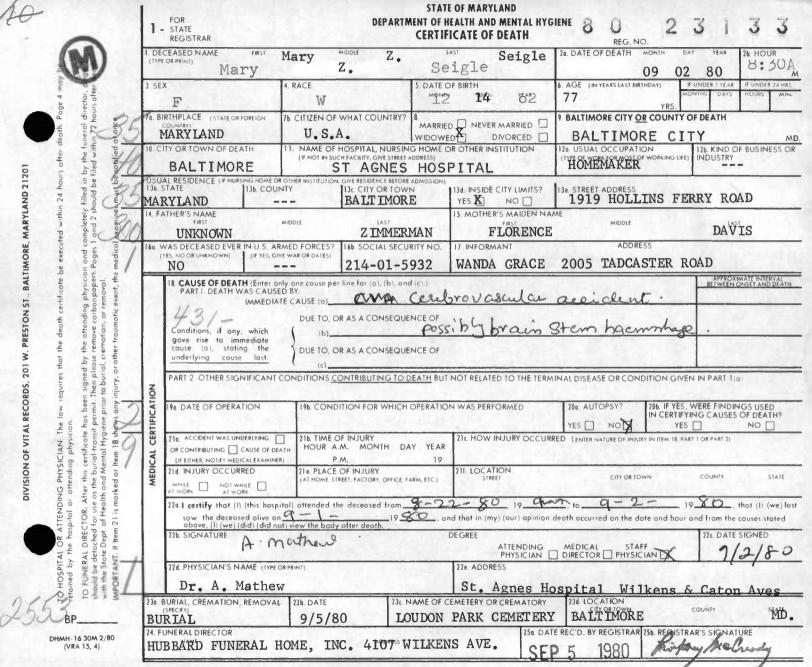
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{	YES. NO, OR UNKN	OWN) (IF YES.	GIVE WAR OR DATE	ES)	217-0320			na Sco	h ++		E. 30	0th	St	
	18. CAUSE (OF DEATH (Ente	er only one cou	se per line fo	or (a), (b), and (c).		Total		,	041	<u></u>	J C11	APPROXI	MATE INTER
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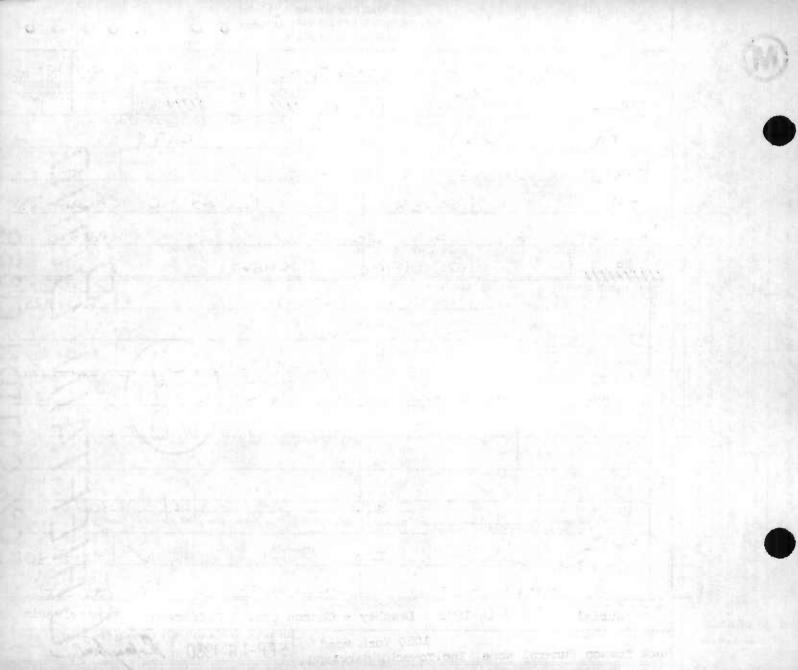
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I_DECEASED NAME 2ª DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) NORBERTO SELIGMANN-BOETTIGHEIMER 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR MALE WHITE 58 YRS 13 22 02 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY GERMANY COLOMBIA BALTIMORE CITY WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY JOHNS HOPKINS HOSPITAL FARMER FARMING BALTIMORE, MARYLAND 21201 BALT IMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NAR INO CALLE 15 N. COLOMBIA PASTO 24-95 NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE **HEDWIG BOETTIGHEIMER** KARL SELIGMANN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS COLOMBIA (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DORIS SELIGMANN CALLE 15 N N/A N/A 24-95 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o offending OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [e buriolaronsit 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ò COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and have and from the causes stated saw the deceased alive an obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS d b JOHNS HOPKINS HOSPITAL 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN VIRGINIA RICHMOND BP. REMOVAL/BURIAL 09-12-80 FORREST LAWN 250. DATE REC'D. BY REGISTRAR 256. REATTRAR'S SIC SATURE 24 FUNERAL DIRECTOR BALTO., MD. 21229 DHMH-16 30M 2/80 1980 ADDRESS (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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Poges	WAS DECEASED EVER IN U.S. ARI	WAR OR DATES)	SECURITY NO. 17 INFORMAN	CHART.	ADDRESS		
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TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If them 2	224. PHYSICIAN'S NAME (TYPE OF	(LLISEY	22e. ADDRESS	VERSITY	OF MA	HOS	P
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 9-16-1980	23t NAME OF CEMETERY OR CR Leschey's Chur	ch Cem.	Jefferson	Pennsyl	
30M 2/80	FUNERAL DIRECTOR NAME ICK Towson Funera	.1 Home, Inc. To	050 York Road	SEP 16	registrar 256. REPT	STRAR'S SIGNATURE	ale,



and Mental Hygiene prior to burial, cremation, or rem

MPORTANT: If Hem 21 is morked or Hem 18 show

STATE OF MARYLAND

1.	STATE REGISTRAR		CERT	IFICATE OF	DEATH	REG. N	10.	0 1	3	1
	CEASED NAME FIRS	na	E, S	Serp		2a. DATE OF DEATH	монтн	DAY YEAR	2b. HOU	
3. SE	Female	White		E OF BIRTH	.899 YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) YRS.	MONTHS DAYS	HOURS	24 HRS MIN
₹0. B	IRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF V		RIED NEVER	R MARRIED	9. BALTIMORE CITY O				MD.
10 C	BALTIMORE		OSPITAL, NURSING HOM HEACILITY, GIVE STREET ADDRESS) AGNES HOS		STITUTION	126. USUAL OCCUPAT	ION OF WORKING LI	12b. KIND O INDUSTRY	FBUSINE	SS OR
13a :	AL RESIDENCE (IF NURSING HO STATE ATYLAND	ME OR OTHER INSTITUTION, OUNTY	GIVE RESIDENCE BEFORE ADMISSION 13(, CITY OF TOWN		CITY LIMITS?	5838 Bell	anca]	Drive		
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	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YI	S. ARMED FORCES? ES, GIVE WAR OR DATES)	218 01 196			Fonger 583			MATE INTER	
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		ACCIDENT WAS UNDERLYING 21b. TIME OF HOUR A.M. CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.		21c. HOW 9	INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 1B I	PART I OR PART 2)		
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DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

23b. DATE Sept 24,1980

23c NAME OF CEMETERY OR CREMATORY

Loudon Park

23d LOCATION

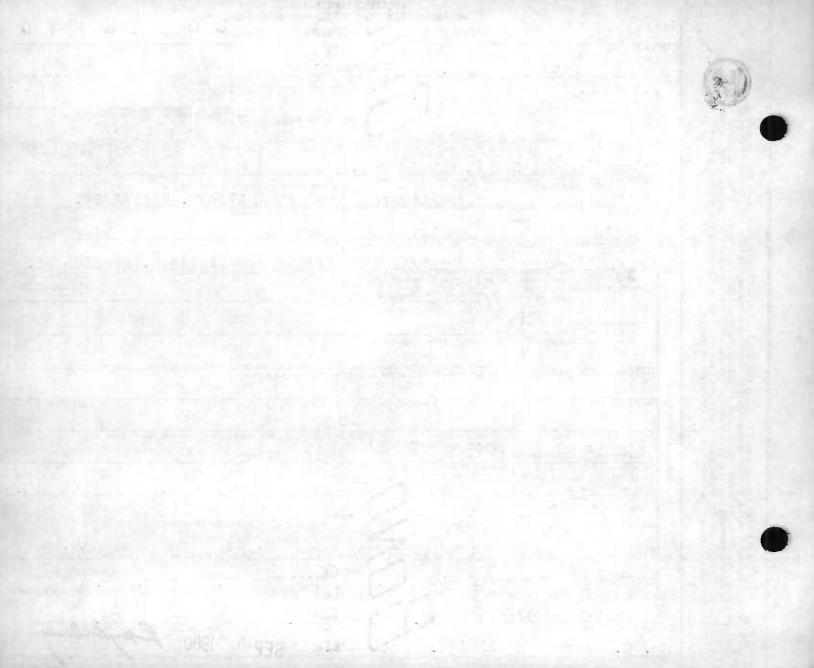
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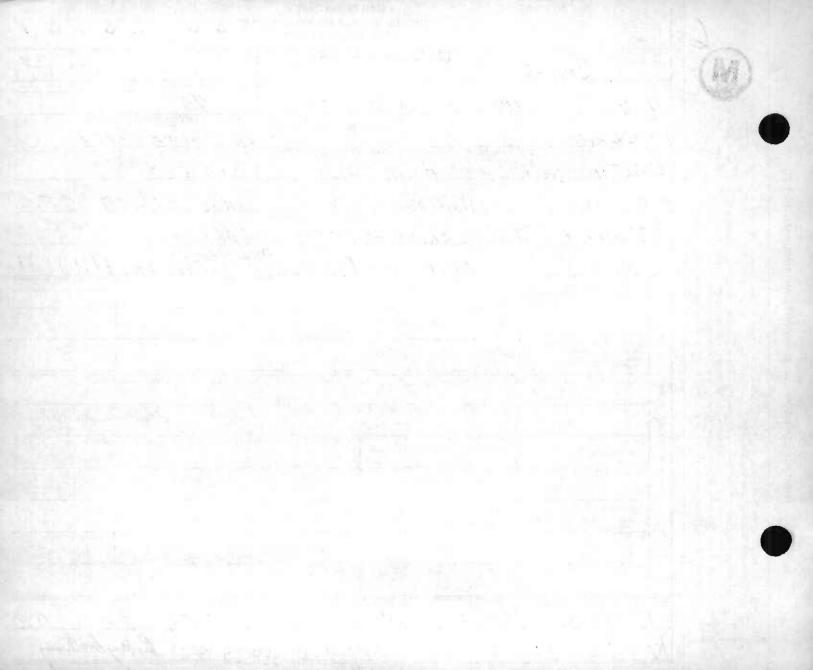
Maryland

24 FUNERAL DIRECTOR
Harry H Witzke 4112 Columbia Rd Ellicott City

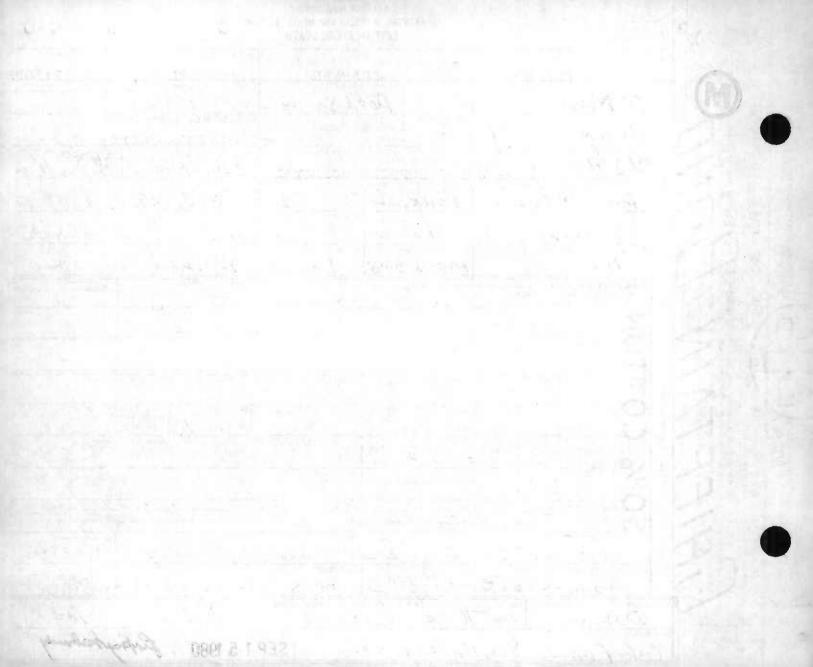
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7			STATE OF MARYLAND	
3 8	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8 0 REG. NO.	3 4 0
		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH D.	AY YEAR 2b. HOUR
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of the second	3 SE			IF UNDER 1 YEAR IF UNDER 24 HRS
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death. P		RTHICACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED BALTIMORE CITY	OF DEATH
with her	10 C	ITY OR TOWN OF DEATH	111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL	126. KIND OF BUSINESS OR
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	13a. S	AL RESIDENCE HE NURSING HOME OF	POTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY TO 13¢ PTX OR TOWN 138. INSIDE CITY LIMITS? 136. STREET ADDRESS PARKYLLE YES NO DE 1000	Iside Gunt
MARYLAND red Significant 24 cond 2 should extrainer mus	14. FA	ATHER'S NAME	MIDDLE 15 MOTHER'S MAIDEN NAME FIRST WINDLE	D. LAST
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is BALTI is physical physical noval.		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		1820 IMMEDIA	It CAUSE (0)	
0	1 6	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
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	z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART ITO
0 0 2 8 4 0 5	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
no berm	FIC	THE DATE OF GLEKATION	IN CERTIFY	ING CAUSES OF DEATH?
A Per Contraction	E	21a ACCIDENT WAS UNDERLYING	YES NO YES 1216, TIME OF INJURY 1216, HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN 115M 18 PAI	
> Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		OR CONTRIBUTING CAUSE OF DE	HOUR ALL HOUSTIN SAW WELD	RT 1 OR PART 2)
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DING PHYSICIA or offending pla After this certifice os the buriol-toolth and Mental marked or them	MEDICAL	216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY
O O O E		22a.1 certify that (1) (this hasp		9 90, that (1) (we) last
ATTEN ospital ECTOR: d for us		sow the deceased alive or	1980, and that in (my) (our) opinion death accurred on the date and hour	the state of the s
8 4 8 9 9 9		22b. SIGNATURE	DEGREE	22c. DAJE SIGNED
Y the XAL DI Getacli H F. H. F. T. H. F. F. T. H. F. F. T. H. F.		Dela	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9/13/20
PIT PT Sto dd		226 PHYSICIAN'S NAME (TYPE		
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Ta has	23a. E	SURING CREMATION, REMOVAL	231. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY ROWN	COUNTY MA / STATE
440/ BP		WURIAL	1 sp 16 198 VARKNOUL PALIO	1153
DHMH-16 30M 2/80	24. FL	JNERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR 25b. REGIST	AR'S SIGNATURE
(VRA 15, 4)	LC	1- EVAWS	8802 Hartord Rd. SEP 1 5 1980 For	7



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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12	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	2 3	1 4 3
age 3 deoth		ECEASED NAME PE OR PRINT) Frant	MIDDLE	Shea			26. HOUR 335 A M
ctor, pa	3 S	Male	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR September 2. 191	6 AGE (IN YEARS LAST BIRT	MONTHS	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
in 72 haur		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Connecticut	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWEN DIVORCED	9. BALTIMORE CITY O Baltimore		TH MD.
Stied of the feet	3	Raltimore	University Hos	G HOME OR OTHER INSTITUTION ADDRESS) pital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Maintena	ON 12b. K F WORKING LIFE) INDU	IND OF BUSINESS OR
) 3		laryland Balt	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW	YES NO XX	13e. STREET ADDRESS 912 Gard		21221
03		Philip	Sawczuk Sawczuk	15 MOTHER'S MAIDEN NA FIRST Helen	AME	Did	yk LAST
Poges	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECU 164 07 2		ADDRE	lawn Ave.	Conn. Ansonia.
n signed by the ottendin Then please remove carb to burial, cremation, ar i injury, ar ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) NEW JE CONDITIONS CONTRIBUTING TO C	NCE OF	CIN'UM CL MINAL DISEASE OR CONE	DITION GIVEN IN PA	ART 1(01
it permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
the buriol-tronsi ond Mentol Hygi ked or them 18 sh	MEDICAL CEI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IS EITHER NOTEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE NOTEY MILLS AT WORK AT WORK	ATH HOUR A.M. MONTH DA	19 21f LOCATION	RRED (ENTER NATURE OF INJUR		
oched for use os Dept. of Health If Hem 21 is marl		220.1 certify that (1) (this hasp	ottended the deceased from SEPT 2 19	DEGREE ATTENDING	MEDICAL STAF	te and hour and from	m the couses stoted DATE SIGNED
should be deto with the Stote		22d. PHYSICIAN'S NAME (TYPE O		220. ADDRESS 22 S. Gre	on St. Bu	Itimbre,	mD.
Od start	23a.	BURIAL, CREMATION, REMOVAL	1-11.	AME OF CEMETERY OR CREMATORY Saint Peter & Paul	23d LOCATION CITY OF TOWN Derby, (Connecticu	STATE
6 30M 2/80 A 15, 4)	12	made including		21221 250. DA	FP 4 1980	256. REGISTRAP'S SIG	SNATURE

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Leonard J. Ruck Inc. Baltimore, Maryland

MIDDLE

- STATE

I. DECEASED NAME

REGISTRAR

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

INDUSTRY

YES [

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

IF UNDER 24 HRS

12h KIND OF BUSINESS OR

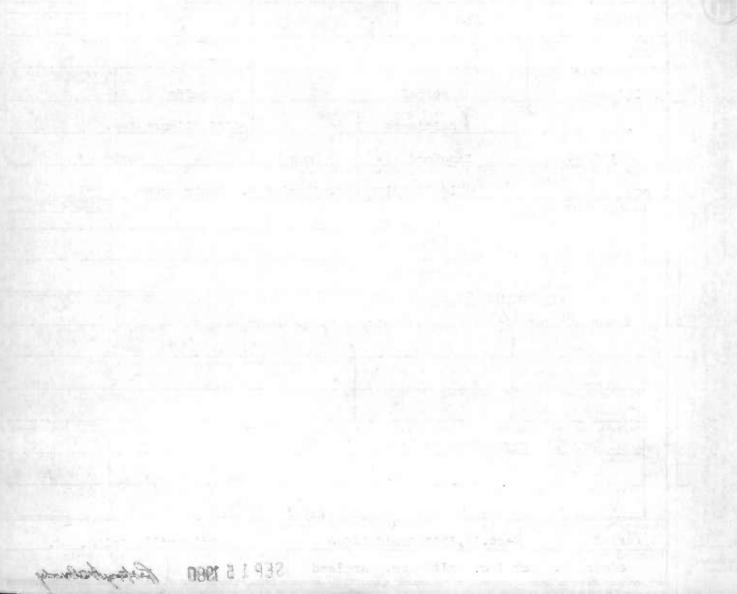
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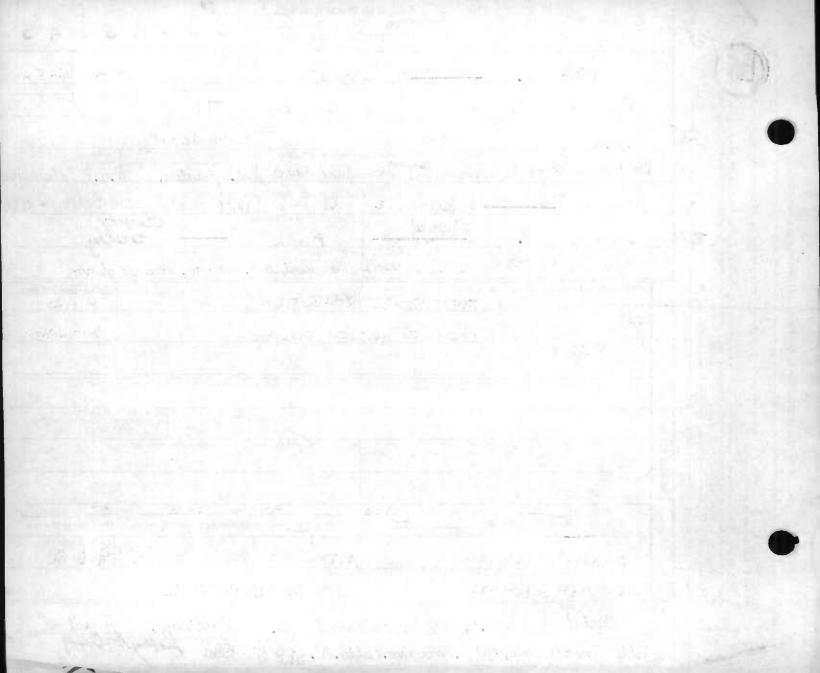
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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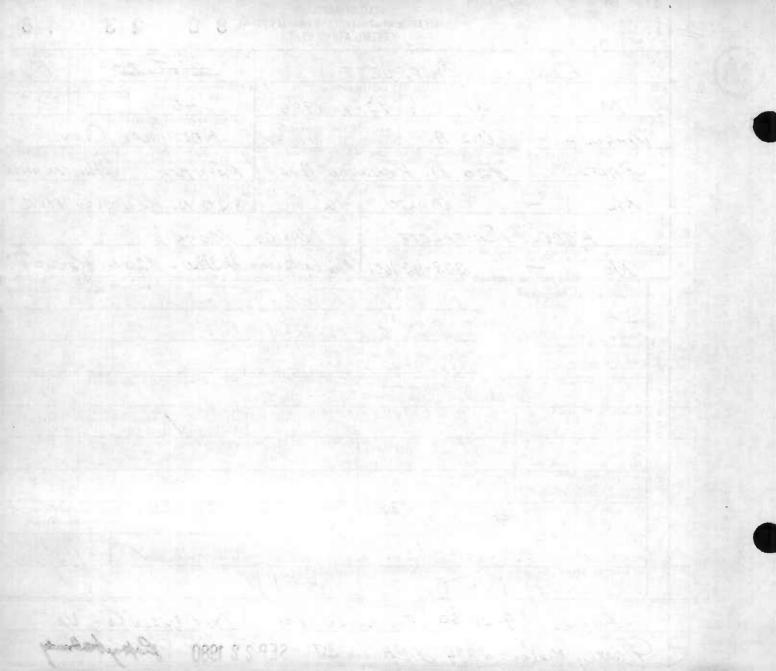
(RA)	1.	FOR	DEPA	STATE OF MARYLAND	HYGIENE O C	2 7 1 4
(3.6.9)		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	23141
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3 r death		EUGENE	E	SHEPPARD	09/22/80	6:04
no.	3. SI	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HI
ge 4	200	M	W	MONTH /4/40 YEAR	40 YRS	
n. Po	Ta E	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
dear dear	2	MA	USA	WIDOWED DIVORCED		TY
the f	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176 KIND OF BUSINESS INDUSTRY
by the		BALTE.	OHNS HOPKI			Early CI
t hou	lo	STATE 13 COL			S? 13e. STREET ADDRESS	
in 2, fill y fill shoul	2 2		ALTO MIDDLE			30x 4910
dated dated	1	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	WIDDIE	LAST
du d	0	WAS DECEASED EVER IN U.S. A	SHEPPARD	LETTIE	MAE TIBB	5
Bo and	160	YES, NO OR UNKNOWN) (IF YES, G	REMED FORCES? 166. SOCIAL SE 2 13 3	(76/7)	A A A A A A A A A A A A A A A A A A A	10. 00.
9 0 5 B	-	UNK			ANN SHEPP	
nt, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), SED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
الم			ATE CAUSE (a) MYOCI	4RDIAL INFAR	CTION	4 HR
oth o		410-	DUE TO, OR AS CONSEC	M M . M . M	ARTERY DOSPAR	
atte att		Conditions, if any, which gave rise to immediate	(b) 5 EUE	RE CORONARY	Mich Cary DISCHS	0 7 YEM
y the		cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF		0
s the			(c)			
sign hen j to bu ijury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	ODEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION (GIVEN IN PART 1(a)
mit. T	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20s AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
hos the	HE SE	9/22/80	Coremany	Avenu Doese		TIFYING CAUSES OF DEATH?
hysicio icote icote Hygie Hygie	- E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21/. HOW INJURY OC	A	
CIAN Pan 11	0	OR CONTRIBUTING CAUSE OF DE	EAIR	DAY YEAR		
HYSh ding ms ce buri	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
G Pl otter s the ond rked	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
A A P O O O O O O O O O O O O O O O O O			pital) ottended the deceased from	DEPT. 20 19	10 Sept. 22	, 19 80 , that (I) (we)
ATTEN Sepretol CCTOR: d for us f. of He		sow the deceosed alive o	on SEPT. 22 19	80, and that in (my) (aur) api	nion death occurred on the date and h	our and from the causes stated
at a se de se	105	226. SIGNATURE	art view the body after death.	DEGREE		22c. DATE SIGNED
		Sall	4 / Cham	MO ATTENDIN PHYSICIA	MEDICAL STAFF	9/22/80
SPITA SPITA VER VER VER Sto	1	224 PHYSIRTAN'S NAME (11H	Odrent)	22e ADDRESS	· ·	1 11 00 10 0
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote	4	SALLY	11 Trues	JOHNS H	OPKINS V. HOSPITT	AL BACTIME
0 g 5 d x x x	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	
(1) BP	100	(SPECIFY) BURIAL	06/1/2	HOLLY HILL CE	CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80	24 6	UNERAL DIRECTOR	. /-	25o.	DATE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	1 7	-E. CONNE	LLL 300	MACE S	EP 3 0 1980 PM	true bon Barre

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STATE OF MARYLAND

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	1 1	tem 2a G 547 9/	/26/80 GB	STATE OF MARYLAND		
3.7		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 8
1		CEASED NAME FIRST EDU		ELETT	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ector ars after	3. SE	M	4 RACE	5. DATE OF BIRTH MONTH 12-1-1934	6 AGE (IN YEARS LAST BIRTHDAY) 45 YRS.	IF UNDER 1 YEAR IF UNDER \$4 HRS
nerol dir n 72 hou st once.	7a. Bi	RTHPLACE STATE OR FOREIGN DUNTRY)	O. S. A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	
ned within	10 C	RALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) KENWOOD AVE-	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR INDUSTRY
must be	USU. 13a S	AL RESIDENCE (IF NURSING HOME COUTATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY 13c. CITY OR TOW	E ADMISSION) (N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	NWOOD AVE.
examine	14 F/	THER'S NAME FIRST ROBER	MIDDLE SHIFFLETT	15. MOTHER'S MAIDEN NA	. MIDDLE	LAST
Poges 1	16a. V	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GIV	ARMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES! 228-42	-1601 Mrs Pasty an	ADDRESS	ON. KENWOOD
e arrenang pnysic move corbonpope notion, ar removol. troumotic event, th		PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	Opulmonary or	uline	APPROXIMATE NITERVAL BETWEEN ONSET AND DEATH
buriol, crer ury, or other	z	couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition G	IVEN IN PART 1(0)
ows any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
entol Hyginsi ltem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2}
th and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Heal		saw the deceased alive or abave (1) we) (did) (did n	pitol) attended the deceosed from	, and that in my (our) opinion	deoth occurred on the date and ha	, 19, that (I) (we) lost our and from the couses stated
detoched tote Dept		Sameled Sameled	muduele	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/19/SO
Should be d with the Sto IMPORTANT		22d PHYSICIAN'S NAME (TYPE	OR PRINT) COEN	13 A		/ /
/ · · ·	(BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	100 A 1 10 A 1 100	NAME OF CEMETERY OR CREMATORY	23d. LOCATION DIVERTOWN DIVERTOWN RELEN	
6 50M 7/77 15 (4))	24. FI	INERAL DIRECTOR	20 - 2221 ADDRESS		TE REC'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE



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